Buffalo Hill G.C.S

DEPT

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, handicap, age or sex, etc. as prohibited by law or regulation.

PERSONAL IDENTIFICATION

Name				Social Securi	ty # Dat	e		
	Last	First	Middle					
Address		Street		City	State	Zip		
					Home Telephone:			
	ng have you lived at esent address?				Business Telephone:			
	K PREFERENCE							
					ND "GENERAL DATA" SECT			
					_ Expected weekly salary _			
	Types of work							
	Shifts or times you will w							
5.	Days of the week availa	ble 🗌 Mon 🛛	∃Tues □Wed	🗆 Thurs 🛛 Fri	Sat Sun Hol			
	R. (1)							
7.	Will you work extra days	in the week, if r	ecessary?					
GENE	ERAL DATA							
8.	Who referred you to us?							
9.	Have you ever worked for	or KGA before?		When? From	То			
10.	Do you have relatives w	orking for KGA?		If yes, whom	?			
	Where?							
11.	Do you plan to attend so	chool while work	ng?		Where?			
	Day student Nig	ht Student 🛛 🛛	Part time student					
12.	Do you plan to work else	ewhere while wo	rking at KGA?		If yes, where?			
	What hours will be your	regular work shif	t at your other job	?	a.m./p.m. to	a.m./p.m		
	Will this job be: □ Full time □ Part time □ Other, If "other" Explain:							
13.	Do you have continuing	military obligation	ons such as Nation	nal Guard or Reser	ve, which might require			
	special scheduling?	54. 19490						
14.	Have you ever been ref	used a surety bo	nd or had one car	ncelled?	Circumstances?			
					mployed in the US?			
	Have you ever been arrested, indicted or convicted of a law violation other than a minor traffic violation (a criminal							
	record does not automatically bar employment)?							

EMPLOYMENT HISTORY

List all periods of employment for the last five years. List your last or current employer first. Account for all time whether employed or unemployed for this five year period.

Employer's name	Addre	SS	Phone				
Main duties							
Promotions		Superviso	r				
Date started Date e	nded	_ Starting pay	Ending pay				
What did you like most about this job? _							
What did you like least about this job?							
Why did you leave?							
If hired, must you give advance notice to	your employer?	How r	much?				
Do you authorize us to contact your pres	ent employer for a refere	ince?					
Employer's name	Addre	SS	Phone				
Main duties							
Promotions		Superviso	r				
Date started Date e	nded	_ Starting pay	Ending pay				
What did you like most about this job? _							
What did you like least about this job?							
Why did you leave?							
Do you authorize us to contact your pres	ent employer for a refere	ence?					
Employer's name	Addre	ISS	Phone				
Aain duties							
romotions Supervisor							
Date started Date e	ended	_ Starting pay	Ending pay				
What did you like most about this job?							
What did you like least about this job?							
Why did you leave?							
Do you authorize us to contact your pres	ent employer for a refere	ence?					
Other positions and periods of employm	ent:						
Employer Duties From	To Begin Pay	Ending Pay	Reason for Leaving				
Do you authorize us to contact these pre	vious employers for refe	rences?					
If no, which ones cannot be contacted an	nd why?						
List all periods of unemployment for the	last five years. List your	ast or current unemplo	oyment first.				
From To		Reason fo	r Unemployment				

EDUCATION AND TRAINING

Describe your prior experience in the type of work you want.

Describe any formal schooling or training for this work:

List any licenses, certificates, honors, or awards you may have:

Grade and High School	Name of Last School	Location	Date Left	
	(Circle Highest Year Completed) 8 9 10 11 12	Special Courses (typing, etc.)		
	Did you graduate or do you have graduate equivaler	Location Date Left	-	
0-11-	Name	Location		
College or	Years Attended	Location	Date Left	
University	Major Subject			
Other (Graduate, Trade School, Correspondence School, Etc.)	Name	Location		
	Length of Course	Was Course Completed?	When?	
	Subject			

List any languages you speak, read, or write fluently (not required)

PERSONAL REFERENCES

Name	or relatives Address	City	State	How Long Known	Capacity Known
1			-		
2					
3					
Please indicate if you have exp	perience in any of the following:				
🗆 10 Key	Computer Style		Computer Programs (list below)		
Cash Register	Typewriter (wpm)		□ Turf Grass Maint. Equip. (list below)		
List any other apopial skills you	I may have which are not already listed	1			

PERSONAL INFORMATION

Answer required	d only after emp	ployment for per	sonnel records.				
Number of depe	endents	Date of bi	rth	Sex	Height	Weight	
Marital status	Single	□ Married	□ Separated	Divorced	□ Widowed		
Person to notify	in case of eme	ergency:					
Name of spouse (if any)				Spouse's	Employer		

CERTIFICATE OF APPLICANT (Read carefully before signing.) All information provided by me is true and correct to the best of my knowledge, I understand omissions or misrepresentations constitute cause for rejection or if employed, may subject me to disciplinary action which may include termination. I hereby authorize any former employer, person, firm or corporation listed hereon including this company to answer any and all questions and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. I agree to take and pass a company-paid-for physical examination by a physician at any time before or after employment as a condition of employment. If employed, I agree to comply with all reasonable rules of the company as a condition of continued employment. In the event the company advances me money or other things of value, or I otherwise become indebted financially to the company, I agree to repay the company and also that any wages due me upon termination may be offset by payroll deduction against such monies due the company. It is also understood that if employed I am subject to a 90-day orientation period. My employment contrary to the foregoing, or enter into any agreement for employment for any specific length of time.

IN YOUR OWN HANDWRITING PLEASE TELL US WHY YOU SHOULD BE CONSIDERED FOR EMPLOYMENT AT THE KALISPELL GOLF ASSOCIATION BUFFALO HILL GOLF CLUB.

× * 4 .