

Mid Vallee Golf Course

3850 Mid Valley Dr., De Pere, WI 54115

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Phone: (920) 532-6644

Fax: (920) 306-1697

Application for Employment

Date: _____

Personal Information

First: _____ Middle Initial: _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ E-Mail Address: _____

Are you under 18? ___Yes ___No If yes, your date of birth _____

Employment Desired

Desired Position: _____ Date you can Start: _____

Are you Employed: ___Yes ___No If so, may we inquire of your present employer: ___Yes ___No

Are you legally entitled to work in the United States: ___Yes ___No

Have you ever worked at Mid Vallee Golf Course before: ___Yes ___No If yes, when: _____

How did you learn of this position? _____

Education History

Education Level	Name of School	Date Attended	Did you Graduate?	Subjects Studied
High School		From: To:		
College		From : To:		
Other		From: To:		

List Special Skills/Education/Training _____

Work Experience

Date Employed	Contact Information For Employer Please list Company Name, Contact Person, & Phone Number	Salary	Position	Reason for Leaving
From				
To	May we contact for a reference: Yes / No			
From				
To	May we contact for a reference: Yes / No			
From				
To	May we contact for a reference: Yes / No			
From				
To	May we contact for a reference: Yes / No			

Professional References

Name	Relationship	Phone

Availability for Spring/Summer/Fall: _____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____ Signature: _____