**Mid Vallee Golf Course** **Application for Employment**

3850 Mid Valley Dr., De Pere, WI 54115

www.midvallee.com
Email: foodandbeverage@midvallee.com Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (920) 532-6644

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Work Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Employed | Contact Information For EmployerPlease 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 |  |  |  |
| FromTo | May we contact for a reference: Yes / No |  |  |  |

**Professional References**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Phone |
|  |  |  |
|  |  |  |
|  |  |  |

Availability for Spring/Summer/Fall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_