



**Greenwood Hills Country Club**  
**2002 Poplar Lane**  
**Wausau, WI 54403**  
**715-848-2204**

Date \_\_\_\_\_

Application for Position(s) of:

_____ Golfer Services	_____ Golf Course Maintenance	_____ Bar Tender	_____ Food Server
_____ Kitchen Staff	_____ Dishwasher	_____ Other	_____

PLEASE PRINT OR TYPE ALL INFORMATION

Personal information you provide may be used for secondary purposes [Privacy Law s.15.04(1)(m)] USE ADDITIONAL PAGES IF NECESSARY

Last name	First Name	Middle
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Present Address-number, street, city, state, zip code	Date Available
Mailing Address (if different from above)-number, street, city, state, zip code	Home Phone
Email address	Cell Phone

What hours are you NOT available to work? (AM or PM)	What days are you NOT available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Types of Employment Preferred <input type="checkbox"/> Permanent (Full-time) <input type="checkbox"/> Permanent (Part-time) <input type="checkbox"/> Seasonal (Full-time) <input type="checkbox"/> Seasonal (Part-time)	

- 1 Do you have a valid driver's license?  Yes  No
- 2 Are you over age 18?  Yes  No
- 3 Are you a U.S. citizen, or do you have an entry permit which allows you to work?  Yes  No

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a High School Diploma or a GED Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Location of High School
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TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.)				Circle the number of years in College or University 1 2 3 4 5 6 7 8 9 10 11 12			
Name and Location	Dates Attended		Credits Earned	Major Field	GPA/Base	Degree (and Year) Conferred	
	From	To					

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is **relevant** to the job for which you are applying. Also include **relevant** licenses or certificates. **Be specific.**


List any organizations you belong to (or have belonged to) and any job-related honors you have received:


**WORK EXPERIENCE:** Provide a complete description. This information will be used to determine if your application is accepted. **BE SPECIFIC.** start with your most recent job and attempt to include employment occurring over the past 10 years. **BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES.** For part-time work, list the average number of hours per month. Indicate any changes in job title under same employer as a separate position. Use additional pages if necessary to complete this section.

Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip
You Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		From _____ To _____
		Check <input type="checkbox"/> Monthly Salary Beginning: \$ _____ One: <input type="checkbox"/> Hourly Salary Ending: \$ _____
Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip
You Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		From _____ To _____
		Check <input type="checkbox"/> Monthly Salary Beginning: \$ _____ One: <input type="checkbox"/> Hourly Salary Ending: \$ _____
Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip
You Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		From _____ To _____
		Check <input type="checkbox"/> Monthly Salary Beginning: \$ _____ One: <input type="checkbox"/> Hourly Salary Ending: \$ _____
Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip
You Duties		Name of Supervisor
		Total Time Employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		From _____ To _____
		Check <input type="checkbox"/> Monthly Salary Beginning: \$ _____ One: <input type="checkbox"/> Hourly Salary Ending: \$ _____

May we communicate with your present employer?  Yes  No      May we communicate with your past employers?  Yes  No

**REFERENCES**

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone
Signature		Date Signed

Information furnished on this application is subject to verification. This information will be used to determine your qualifications. Misrepresentation of data could result in rejection as a candidate or subsequent dismissal if employed.

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and interviews. I authorize all individuals, schools, and firms named therein, except for my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_