

Application For Employment

The Oaks Golf Course

4740 Pierceville Road, Cottage Grove WI, 53527
608-837-4774

The Oaks Golf Course is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all sections below

APPLICANT INFORMATION

Name: _____ Today's Date: _____

Present Address: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

DESIRED EMPLOYMENT

Desired Department: Golf Food and Beverage Maintenance Any

Desired Position: _____

How did you learn about this position? _____

Have you ever applied or worked at The Oaks before, if so when? _____

Are You 18 years of age or older? Yes No

Are you a U.S. Citizen or approved to work in the United States? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted, and disposition of the case:

EDUCATION & TRAINING

High School

Name	Location (city, State)	Year Graduated	Degree Earned

College/University

Name	Location (city, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (city, State)	Year Graduated	Degree Earned

Other Areas of Study, Training, or Special Skills. Please describe:

(Note: The Oaks Golf Course complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

PREVIOUS EMPLOYMENT

Please list last three employers starting with the most recent.

Employer Name: _____

Address: _____

Start Date: _____ End Date: _____

Job Title: _____

Starting Wage: _____ Final Wage: _____

Reason for Leaving: _____

Name of Supervisor: _____

Title: _____ Phone Number: _____

Employer Name: _____

Address: _____

Start Date: _____ End Date: _____

Job Title: _____

Starting Wage: _____ Final Wage: _____

Reason for Leaving: _____

Name of Supervisor: _____

Title: _____ Phone Number: _____

Employer Name: _____

Address: _____

Start Date: _____ End Date: _____

Job Title: _____

Starting Wage: _____ Final Wage: _____

Reason for Leaving: _____

Name of Supervisor: _____

Title: _____ Phone Number: _____

REFERENCES

Please Provide 2 Personal and Professional References Below

Reference	Contact Information

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.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature _____

Date _____