

# Daytona Golf Club

14730 Lawndale Ln  
Dayton, MN 55327  
763-427-6110

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans With Disabilities Act, applicants may request accommodations needed to participate in the application process.

Job Order Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION (please print)

Social Security Number: Required Upon Employment

Name: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Street/P.O. Box City State ZIP Code

Permanent Address: \_\_\_\_\_  
Street/P.O. Box City State ZIP Code

Telephone Number: \_\_\_\_\_ Message Number: \_\_\_\_\_

Are you 18 years or older? Yes, No

Position applying for: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Wage Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

Are you currently employed? Yes, No If so, may we contact your present employer? Yes, No

Have you applied to this company before? Yes, No If so, where and when?

Do you have a High School diploma or G.E.D.? Yes, No If not, highest grade completed: \_\_\_\_\_

<i>Name of School &amp; Location</i>	<i>Special Training or Education Beyond High School</i>	
	<i>Course of Study</i>	<i>Type of Degree, Certificate or Occupational License</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### MILITARY SERVICE RECORD

Are you a veteran? Yes, No Branch: \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/yy) (mm/yy)

What type of education, training and work experience did you receive in the military?

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## EMPLOYMENT HISTORY

Indicate below all work experience beginning with your current or most recent position.

EMPLOYER: _____	TELEPHONE NUMBER: (    ) _____ - _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
JOB TITLE: _____	FROM: _____ TO: _____ mm/yy mm/yy
SUPERVISOR: _____	REASON FOR LEAVING: _____
SUMMARIZE YOUR JOB DUTIES: _____ _____	
MAY WE CONTACT THIS EMPLOYER?    Yes,    No	

EMPLOYER: _____	TELEPHONE NUMBER: (    ) _____ - _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
JOB TITLE: _____	FROM: _____ TO: _____ mm/yy mm/yy
SUPERVISOR: _____	REASON FOR LEAVING: _____
SUMMARIZE YOUR JOB DUTIES: _____ _____	
MAY WE CONTACT THIS EMPLOYER?    Yes,    No	

EMPLOYER: _____	TELEPHONE NUMBER: (    ) _____ - _____
ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
JOB TITLE: _____	FROM: _____ TO: _____ mm/yy mm/yy
SUPERVISOR: _____	REASON FOR LEAVING: _____
SUMMARIZE YOUR JOB DUTIES: _____ _____	
MAY WE CONTACT THIS EMPLOYER?    Yes,    No	

## References

<i>NAME</i>	<i>RELATIONSHIP</i>	<i>CITY &amp; STATE PHONE NUMBER</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

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