



480 55th Avenue SE ♦ St. Cloud, MN 56304

Applying for:

Pro Shop

Ranger/Starter

Maintenance

Wait Staff

Kitchen

EMPLOYMENT APPLICATION

First Name	Initial	Last Name	Social Security Number	Phone Number
Street	City	State	Zip	Date

AVAILABILITY

Date You Can Start: _____ Salary Desired: _____ Expected Last Day to Work: _____

LIST HOURS AVAILABLE TO WORK:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

EDUCATION

High School/College	Location	City, State	Contact Person, Teacher/Counselor	Last Grade Completed	Grade Point Average	Graduate or Now Enrolled
Sports/Activities						

HOW WOULD YOU RATE YOURSELF

(1 = Weak, 2 = Improvement, 3 = Solid, 4 = Strength, 5 = Superstar)

- _____ HOSPITALITY: Your natural friendliness and customer service skills.
- _____ ENERGY LEVEL: Your enthusiasm, self-motivation and sense of urgency.
- _____ RELIABILITY: Your dependability, attendance, self-discipline, and dedication.
- _____ COMMUNICATION SKILLS: Your ability to listen well, express yourself clearly and accept feedback.
- _____ PERSONAL PRIDE: Your appearance, hygiene, and achievement.
- _____ TEAMWORK: Your cooperation with others and team spirit.

MILITARY

Were you ever in the Armed Forces?	Branch of Service:
Starting Rank:	Rank at Discharge:

IN CASE OF EMERGENCY NOTIFY

Name: _____ Address: _____

Phone Number: _____ Relationship to Employee: _____

BACKGROUND

- Yes No Do you have reliable transportation to get to work?
- Yes No Have you ever been counseled or disciplined for cash handling violations?
- Yes No Have you ever been counseled or disciplined for being late or absent from school or work?
- Yes No Have you ever been convicted of a felony?
- Yes No Have you ever been convicted of a crime involving dishonesty?
- Yes No Have you ever been convicted of a violence to another person?
- If yes, give dates charged, penalty assessed or disposition: _____
- Yes No Are you over 18?

WORK EXPERIENCE

Starting with your most recent employer. May we contact these employers Yes No

Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	

REFERENCES

List three school, business, or personal references that you give permission for us to contact. They should be not related to you.

Name	Telephone Number	Known How Long?	School*	Work*	Personal*
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Check (✓) Type of Reference

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYEMENT MAY BE TERMINATED AT ANY TIME.

IN COSIDERATION OF MY EMPLOYMENT I AGREE TO CONFIRM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYEMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONSIDERATIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OT WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT FOR THE EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING."

DATE _____ SIGNATURE _____

FOR OFFICE USE ONLY

INTERVIEWED BY _____ DATE _____

REMARKS _____

NEATNESS _____

ABILITY _____

HIRED Yes No

DEPARTMENT _____

POSITION _____

SALARY/WAGE _____ DATE REPORTED TO WORK _____

* This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.