# Application For Employment Kestrel Ridge Golf Course 900 Avalon Road, Columbus WI, 53925 920-623-4653

Kestrel Ridge 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: $\Box$ Golf $\Box$ Food and Beverage $\Box$ Maintenance $\Box$	Any	
Desired Position:		
How did you learn about this position?		
Have you ever applied or worked at Kestrel Ridge 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	dispositio	on 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: Kestrel Ridge 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:	
Name of Supervisor:		
Title:	Phone Number:	
Employer Name:		
Address:		
Start 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."