



Hiawatha Golf Club  
 10229 Ellsworth Rd  
 Tomah, WI 54660  
 (608) 372-5589

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: ( ) E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

|   |                                 |                                |  |                                 |                                |
|---|---------------------------------|--------------------------------|--|---------------------------------|--------------------------------|
| Are you a citizen of the United States?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Have you ever worked for this company?    | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If yes, when?                                  |                                 |                                |
| Have you ever been convicted of a felony? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |  |                                 |                                |

If yes, explain:

**Education**

|              |                   |                                 |                                |         |  |
|--------------|-------------------|---------------------------------|--------------------------------|---------|--|
| High School: | Address:          |                                 |                                |         |  |
| From: To:    | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree: |  |
| College:     | Address:          |                                 |                                |         |  |
| From: To:    | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree: |  |
| Other:       | Address:          |                                 |                                |         |  |
| From: To:    | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree: |  |

**References**

*Please list three professional references.*

Full Name: Relationship:  
 Company: Phone: ( )  
 Address:

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Full Name: Relationship:  
 Company: Phone: ( )  
 Address:

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Full Name: Relationship:  
 Company: Phone: ( )  
 Address:

## Previous Employment

Company: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?      YES      NO  
        

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Company: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?      YES      NO  
        

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Company: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?      YES      NO  
        

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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