



828 Clubview Lane, Altoona, WI 54720
715.836.8420 office@ecgcc.com

Eau Claire Golf & Country Club

FOR OFFICE USE ONLY

Position applied for:
Date:

Start Date:
Employee #:

Employment Application

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

NOTICE: Applicant should read the following information carefully before filling out any of the questions in this form. We are an equal opportunity employer and full subscribe to the principles of equal opportunity employment. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, color, religion, age, sex, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statutes and information requested on this application will not be used for any purpose prohibited by law.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Are you 18 years or older? YES NO

If not, do you have a valid work permit? YES NO Work permit number: _____

Position Applied for:

Are you applying for: FULL-TIME PART-TIME TEMPORARY Availability: DAYS NIGHTS WEEKENDS

Date Available: _____

Who recommended you for this position? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever applied to this company before? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Experience

Please circle the following certifications/qualifications you have accomplished:

Lifeguard Training

Water Safety Instructor

First Aid and Safety

C.P.R. Professional Rescuer

Other _____

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

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

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

Are there any job duties that you would be unable to perform? _____

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: _____

Attachment to Employment Application

Statement

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate, and complete and understand that the omission and/or misrepresentation of any fact from this application or during any interview will be cause for immediate dismissal. I hereby authorize Eau Claire Golf & Country Club (ECGCC) to obtain reference information about me and release all persons from liability for doing so.

If hired, I agree to abide by all ECGCC rules and regulations and understand that if employed, my employment may be terminated with or without cause and with or without notice, at any time, at the option of either ECGCC or me. I further understand that no representation, whether oral or written, by any representative or agent of ECGCC, at any time, can constitute a contract of employment. I understand that ECGCC and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms or conditions of employment. No representative or agent of ECGCC has the authority to enter into any agreement for employment for any specific period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by ECGCC's President and me, or to make any agreement contrary to the foregoing.

DATE _____

Signature of Applicant _____