



LOST DUNES GOLF CLUB, LLC

Employment Application

APPLICANT INFORMATION													
Last Name			First			M.I.		Today's Date:					
Street Address					Apartment/Unit #								
City			State			ZIP							
Home Phone Number				E-mail Address									
Mobile Phone Number				Driver's License #									
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Are you employed now?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, may we inquire of your present employer?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
EDUCATION													
High School					Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College					Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Trade, Business or Correspondence School					Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
TYPE OF WORK DESIRED													
Please indicate which position(s) you are applying for:													
<input type="checkbox"/> Front Desk Receptionist			<input type="checkbox"/> Kitchen Staff/ Cook			<input type="checkbox"/> Groundskeeper/ Maintenance Staff							
<input type="checkbox"/> Bag Room/ Cart Staff			<input type="checkbox"/> Dishwasher			<input type="checkbox"/> Men's Locker Room Attendant							
<input type="checkbox"/> Golf Shop Attendant			<input type="checkbox"/> Restaurant Server			<input type="checkbox"/> Other							
<input type="checkbox"/> Housekeeping			<input type="checkbox"/> Pool Attendant										
When are you available to work:					Desired Salary:								
EMPLOYMENT HISTORY													
List below last three employers, starting with last one first													
Name of Company					Employment Date(s) From: To:								
Address			Your Job Title										
Name of Supervisor			Phone Number										
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>						
Reason for leaving (be specific):													

Name of Company		Employment Date(s) From: _____ To: _____	
Address	Your Job Title		
Name of Supervisor	Phone Number		

May we contact your previous supervisor for a reference? YES NO

Reason for leaving (be specific): _____

Name of Company		Employment Date(s) From: _____ To: _____	
Address	Your Job Title		
Name of Supervisor	Phone Number		

May we contact your previous supervisor for a reference? YES NO

Reason for leaving (be specific): _____

REFERENCES

Please list three references other than relatives

Name	Relationship		
Company	Position		
Address	Phone Number		
Name	Relationship		
Company	Position		
Address	Phone Number		
Name	Relationship		
Company	Position		
Address	Phone Number		

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Relationship	Phone
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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 of Applicant	Date
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