

SONGBIRD HILLS GOLF CLUB
W259 N8700 HWY 164 Hartland, WI 53029
Tel. (262) 246-7050 Fax. (262) 246-6695
www.GolfSongbird.com

JOB APPLICATION FORM

Name _____ (Please Print)

Address _____ Social Security # _____

_____ ZIP _____ Date of Birth (If under 21 years of age)

Phone (H) _____ Month _____ Date _____ Year _____

(Cell) _____

E-Mail _____

Valid Driver's License _____ YES _____ NO

Are You a U.S. Citizen? _____ YES _____ NO

JOB DESIRED:

_____ FULL-TIME (35 + Hours/Week)

_____ PART-TIME (15-30 Hours/Week)

Any days or times you CANNOT work: _____

Date available to begin: _____

WORK EXPERIENCE (Past Employment):

Last Employer (Company Name):

Prior Employer (Company Name):

Supervisor: _____

Supervisor: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Employment Dates: FROM _____ TO _____

Employment Dates: FROM _____ TO _____

Job Title: _____

Job Title: _____

Reason for leaving: _____

Reason for leaving: _____

EDUCATION:

Most recent school attended: _____

Current Grade/Year: _____ Major or area of emphasis: _____

Last math course completed _____ Grade (A, B, C, D)

WHY ARE YOU INTERESTED IN WORKING AT SONGBIRD HILLS GOLF CLUB ?

SIGNATURE: _____ DATE: _____