



Employment Application

An Equal Opportunity Employer

Tuckaway Country Club

6901 W. Drexel Ave. Franklin, WI 53132
414-425-4280

Please Print in Ink and completely fill out this Application.

Date:

Name (First, Middle, Last)

Home Phone:

Address (Street, City, State, Zip Code)

Mobile Phone:

Email Address:

Referred by:

Are you legally authorized to work in the U.S.? (if hired, you will be required to provide proof of work authorization.) Yes No

Are you at least 18 years of age? (If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work that you are applying for and that you have obtained a valid work permit.) Yes No

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? If yes, please explain 1. Nature of crime, 2. Date of Conviction, and 3. State in which convicted. (Convictions are not automatic bar to employment.) Yes No

Do you have any pending criminal charges against you? If yes, please describe the nature of charges and the date issued and the state where issued. Yes No

Position

What Position are you seeking:

Salary Preference:

Are you seeking: Full Time Part Time Summer

When would you be available to begin work:

Circle days/shifts you are available to work:

Mon AM Tue AM Wed AM Thurs AM Fri AM Sat AM Sun AM
Mon PM Tue PM Wed PM Thurs PM Fri PM Sat PM Sun PM

Education

| | Name and Address of School | Number of years Completed | Course of Study | Diploma or Degree Received |
|-----------------|----------------------------|---------------------------|-----------------|----------------------------|
| High School | | | | |
| College | | | | |
| Graduate | | | | |
| Other (Specify) | | | | |

Employment Experience

| | | | |
|-------------------------|-----------------------|--------------|-----------------------|
| Employer | Date Employed | From: To: | Description of Duties |
| Address | | | |
| Telephone Number(s) | Hourly Rate or Salary | Starting: | |
| Job Title Supervisor | | Final: | |
| Reason for Leaving: | | | |

| | | | |
|-------------------------|-----------------------|--------------|-----------------------|
| Employer | Date Employed | From: To: | Description of Duties |
| Address | | | |
| Telephone Number(s) | Hourly Rate or Salary | Starting: | |
| Job Title Supervisor | | Final: | |
| Reason for Leaving: | | | |

Applicant's Statement

Please Read Carefully Before Signing This Form

If you agree to the conditions contained in the paragraphs, sign on the signature line at the bottom of this page.

An Equal Opportunity Employer

Equal access to employment, programs, and services is available to all applicants. If you require reasonable accommodation to the application and/or interview process, please notify a representative of Tuckaway Country Club. It is the intent of Tuckaway Country Club to comply with all State and Federal requirements and to operate within the law in the implementation of all facets of equal employment opportunity. In the recruitment, selection, training, promotion, termination or any other personnel action, there will be no discrimination on the basis of race, religion, national origin, ancestry, gender, sexual orientation, age, disability or any other (legally) protected group. Do not include information of that nature on the application. It is the intention of Tuckaway Country Club that all qualified applicants be given equal employment opportunity and that selection decision be based on job-related factors.

Statement of Disclosure

I attest that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions will lead to immediate dismissal. I agree that Tuckaway Country Club will not be held liable in any respect if my employment is terminated for that reason. I understand and agree that if hired, my employment will not be for any fixed period of time and may be terminated at any time without prior notice and without cause. I also understand that any offer of the employment may be conditioned on the results of a physical examination and/or drug test. I understand that this application will remain "active" for 30 days and if I want to be considered for employment beyond that time I must fill out another application.

Reference Release

I authorize Tuckaway Country Club to investigate my character, qualifications, past employment, education and activities. I release from all liability, any person, company, corporation, school or government agency supplying such information. I understand that the employment information may include, but is not limited to, performance evaluations and reports, attendance records, job descriptions, disciplinary actions and opinions regarding my suitability for employment. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

Signature _____

Date _____