



Colonial Springs Golf Club

An Equal Opportunity Employer

Position(s) applying for: _____

Date: _____

PERSONAL			
Last Name:	First Name:	Middle:	Social Security: <div style="display: flex; justify-content: space-around;"> <div style="width: 20px; height: 20px; background-color: #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #ccc;"></div> </div>
Street Address:		Home Telephone: () -	
City:	State:	Zip:	Mobile Telephone Number: () -
Previous Address (Street, City, State, Zip):			Salary Desired:
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When? _____		Have you ever been employed by Colonial Springs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When? _____	
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available to begin working?	

EDUCATION					
Name and Location of School	# of Years Completed	Did you Graduate?	Type of Degree	Number of Credits	Course of Study
High School or Preparatory:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College or University:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Business or Trade:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College Grade Point Average:					
Cumulative Overall: _____					
Cumulative Major: _____					



SKILLS	
Golf:	Merchandising:
Food and Beverage:	Finance / Human Resources / MIS:
Marketing / Membership:	Agronomy:

WORK EXPERIENCE

Please give accurate and complete full and part-time employment information. Start with your present or most recent employer. Account for periods of unemployment in excess of three months.

Company Name:	Telephone Number: () -
Address (No, Street, City, State, Zip):	Dates of Employment (Month/Year): From:_____ To:_____
Name of Supervisor:	Salary: Starting:_____ Ending:_____
Job Title and Responsibilities:	Reason for Leaving:
Company Name:	Telephone Number: () -
Address (No, Street, City, State, Zip):	Dates of Employment (Month/Year): From:_____ To:_____
Name of Supervisor:	Salary: Starting:_____ Ending:_____
Job Title and Responsibilities:	Reason for Leaving:



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Job Title and Responsibilities:	Reason for Leaving:

MISCELLANEOUS

Professional activities, affiliations, & associations

Drivers License Number: _____ State: _____

Have you ever been convicted of a felony or a job-related misdemeanor?

Yes No If yes, please explain: _____

Do you have any major motor vehicle convictions?

Yes No If yes, please explain: _____