

Charlevoix Golf & Fitness

Application for Employment

Name: _____
(Last) (First) (Middle)

Date of Birth: _____
(Month) (Day) (Year)

Address: _____
(Street)

(City) (State) (Zip)

Northern Michigan Address: _____
(If different than previous address) (Street)

(City) (State) (Zip)

Phone: _____
(Home) (Cell)

Position Desired: _____

When will you be available to begin work?: _____

When will your last day of the season be?: _____

Will you work extra hours if asked?: _____

Are there any restrictions on the days you can work?: _____

Special training: _____

High School: _____
(Name) (Grade Completed)

College: _____
(Name) (Graduated?) (Major)

Past Employment: _____

Company Name: _____ Phone: _____

Supervisor: _____ Dates employed: _____

Position: _____ Reason for leaving: _____

Past Employment: _____

Company Name: _____ Phone: _____

Supervisor: _____ Dates employed: _____

Position: _____ Reason for leaving: _____

Electronic Signature: _____

Date: _____

