



## APPLICATION FOR EMPLOYMENT

Please print all information requested except signature.

### GENERAL INFORMATION:

Today's Date: \_\_\_\_\_

Referred by or where: \_\_\_\_\_

Name:

\_\_\_\_\_ ( \_\_\_\_\_ )  
Last                      First                      Middle                      Maiden

Present Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

How long at present address? \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Email (optional): \_\_\_\_\_

## WORK AVAILABILITY:

Position Applied For: \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Availability Hours=

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_  
Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

When could you start? \_\_\_\_\_

Employment desired: (Full-Time Only) (Part-Time Only)  
(Seasonal/Winter Only)

**DRIVING RECORD: Do you have a drivers License?** Yes No

What are your means of transportation to work?  
\_\_\_\_\_

Drivers' License Number \_\_\_\_\_

State of Issue \_\_\_\_\_

Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years? Yes No

How many? \_\_\_\_\_

Have you had any motor vehicle moving violations in the past three years (If yes, how many)? \_\_\_\_\_

## CRIMINAL HISTORY:

Have you ever been convicted of a crime? Yes No

If yes, explain the number of conviction(s), nature of the offense(s) leading to conviction(s). How recently such offenses was/were committed, sentence(s) imposed, and type(s) of rehabilitation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **EDUCATION:**

**High School: Name of School Location**

\_\_\_\_\_

**College: Name of School**

**Location** \_\_\_\_\_

**Business or Trade School:**

**# Years / Name of School Location Completed / Major & Degree**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Professional/Graduate School:**

**# Years / Name of School Location / Completed Major & Degree**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**REFERENCES:** Please list four references other than relatives or previous employers.

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone ( )** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone ( )** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

## WORK EXPERIENCE:

Please list your work experience for the past five years beginning with your most recent job held. If you were Self-employed, give the firm name. Attach additional sheets if necessary.

Current Employer \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_

Job Title \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Pay or Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your employer? Yes                  No

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

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Employer \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_

Job Title \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Pay or Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your employer? Yes                  No

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

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Employer \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_

Job Title \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Pay or Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your employer? Yes          No

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

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Employer \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_

Job Title \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Pay or Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your employer? Yes          No

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

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**ADDITIONAL INFORMATION:** An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information to describe your full qualifications for the specific position for which you applying.

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**RELEASE OF INFORMATION:** I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Golf Addiction personnel permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Golf Addiction personnel from any liability of such contact.

\*By signing below, applicant understands this is solely an application for employment and not a job offer.

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**Signature of Applicant**

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**Date**

# **Golf Addiction**



**Golf Addiction is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Golf Addiction depends solely on your qualifications.**

\*We are a drug free company and may require drug screen