Whistling Pines Golf & Event Center

96420 Airport Road
Iron River, Wisconsin 54847
(715) 372-5260

Employment Application

PERSONAL INFORMATION

FULL NAME (First/Last): _____ DATE: _____

ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (_____)_____ E-MAIL: _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE TO BEGIN: _____ DESIRED PAY: $_____ ☐ Hourly ☐ Salary

POSITION(s) APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ Full-Time ☐ Part-Time ☐ Seasonal

EMPLOYMENT ELIGIBILITY

ARE YOU A CITIZEN OF THE UNITED STATES? ☐ Yes ☐ No*

*IF NO, are you allowed to work in the United States? ☐ Yes ☐ No

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ Yes* ☐ No

*IF YES, what was your Start Date: _____ End Date: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ Yes* ☐ No

*IF YES, please explain: _____

EDUCATION

HIGH SCHOOL / SCONDARY EDUCATION:

SCHOOL NAME:_____

CITY: _____ STATE: _____

ATTENDED FROM: _____ TO: _____

GRADUATE? ☐ Yes ☐ No DIPLOMA TYPE: _____

COLLEGE / POST-SECONDARY EDUCATION:

SCHOOL NAME:_____

CITY: _____ STATE: _____

ATTENDED FROM: _____ TO: _____

GRADUATE? ☐ Yes ☐ No DIPLOMA: ☐ Associate ☐ B.S. ☐ B.A. ☐ Masters

STUDIED (Major/Minor): _____/_____

VOCATIONAL, SPECIALIZED or ADDITIONAL POST-SECONDARY EDUCATION:

SCHOOL NAME: _____

CITY: _____ STATE: _____

ATTENDED FROM: _____ TO: _____

GRADUATE? ☐ Yes ☐ No DIPLOMA: ☐ Associates ☐ B.S. ☐ B.A. ☐ Masters

STUDIED (Major/Minor): _____/_____

EMPLOYMENT HISTORY

Please list your most recent employers' information. Begin with the most recent employer first.

MOST RECENT EMPLOYER:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SUPERVISOR: _____ May we contact them? ☐ YES ☐ NO

E-MAIL: _____ PHONE: _____

STARTING DATE: _____ ENDING DATE: _____

STARTING PAY$_____ ☐/HR ☐/WK ☐SALARY ENDING PAY$_____ ☐/HR ☐/WK ☐SALARY

STARTING JOB TITLE: _____ HOW LONG? _____

RESPONSIBILITIES: _____

ENDING JOB TITLE: _____ HOW LONG? _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER #2:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SUPERVISOR: _____ May we contact them? ☐ YES ☐ NO

E-MAIL: _____ PHONE: _____

STARTING DATE: _____ ENDING DATE: _____

STARTING PAY$_____ ☐/HR ☐/WK ☐SALARY ENDING PAY$_____ ☐/HR ☐/WK ☐SALARY

STARTING JOB TITLE: _____ HOW LONG? _____

RESPONSIBILITIES: _____

ENDING JOB TITLE: _____ HOW LONG? _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER #3:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SUPERVISOR: _____ May we contact them? ☐ YES ☐ NO

E-MAIL: _____ PHONE: _____

STARTING DATE: _____ ENDING DATE: _____

STARTING PAY$_____ ☐/HR ☐/WK ☐SALARY ENDING PAY$_____ ☐/HR ☐/WK ☐SALARY

STARTING JOB TITLE: _____ HOW LONG? _____

RESPONSIBILITIES: _____

ENDING JOB TITLE: _____ HOW LONG? _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

REFERENCES

Please list three(3) personal references, one of which may be a family member. References will be contacted, so please provide current information.

REFERENCE #1:

NAME (First / Last): _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____ ☐ Months ☐ Years

RELATIONSHIP: ☐ Family ☐ Friend ☐ Co-Worker

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

REFERENCE #2:

NAME (First / Last): _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____ ☐ Months ☐ Years

RELATIONSHIP: ☐ Family ☐ Friend ☐ Co-Worker

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

REFERENCE #3:

NAME (First / Last): _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____ ☐ Months ☐ Years

RELATIONSHIP: ☐ Family ☐ Friend ☐ Co-Worker

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

EMERGENCY CONTACTS

In case of an emergency, who can we contact? Please list reliable contacts, and please provide current information.

CONTACT #1:

NAME (First/Last): _____ RELATIONSHIP: ☐ Family ☐ Friend

HOME #: (_____)_____ MOBILE #: (_____)_____

CONTACT #2:

NAME (First/Last): _____ RELATIONSHIP: ☐ Family ☐ Friend

HOME #: (_____)_____ MOBILE #: (_____)_____

CONTACT #3:

NAME (First/Last): _____ RELATIONSHIP: ☐ Family ☐ Friend

HOME #: (_____)_____ MOBILE #: (_____)_____

MILITARY SERVICE

ARE YOU A VETERAN OF THE UNITED STATES MILITARY? ☐ Yes ☐ No

MILITARY BRANCH: _____ RANK AT DISCHARGE:_____

STARTING DATE: _____ ENDING DATE: _____

TYPE OF DISCHARGE: ☐ Honorable ☐ Dishonorable*

* IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ Yes ☐ No

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____