

# Mike RAWITSER Golf Shop

An equal opportunity employer  
Application For Employment

REQUEST # \_\_\_\_\_

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|   |            |   |                   |     |
|---|------------|---|-------------------|-----|
| Last Name   | First Name | Middle Init.  | Social Security # |     |
| Street Address  |            | City  | State             | Zip |
| Phone #   |            |   |                   |     |
| Have you ever applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> When:                |            | Are you 18 yrs or older? Yes <input type="checkbox"/> No <input type="checkbox"/> |                   |     |
| Have you ever been employed with us? Yes <input type="checkbox"/> No <input type="checkbox"/> When:                         |            | If under 18, work permit required   |                   |     |
| Have you ever been convicted of a felony? (Conviction will not necessarily disqualify applicant from employment.)           |            | Yes <input type="checkbox"/> No <input type="checkbox"/>                          |                   |     |
| Nature of crime:  |            | When & Where:   |                   |     |
| If hired, can you present evidence of your U.S. citizenship, or proof of your legal right to live and work in this country? |            | Disposition of case:  |                   |     |
| If not, please explain:   |            | Yes <input type="checkbox"/> No <input type="checkbox"/>                          |                   |     |
| In case of emergency please notify:   | Name       | Address   | Phone #           |     |

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|--|------------------------------------|--------------------------|---|---------------------------------------|-----|-----|-----|
| Position desired:  | Full Time <input type="checkbox"/> | Date Available for work: |   |                                       |     |     |     |
| Monthly Income Desired:  | Part Time <input type="checkbox"/> |                          |   |                                       |     |     |     |
| Indicate desired work schedule.<br>Specify Hrs/Days available  | SUN                                | MON                      | TUE                                       | WED                                   | THU | FRI | SAT |
|  |                                    |                          |   |                                       |     |     |     |
| Are you acquainted with anyone who works for us?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Name: | Relationship:                      |                          | How were you introduced to this position? |                                       |     |     |     |
|  |                                    |                          | Employee <input type="checkbox"/>         | Newspaper Ad <input type="checkbox"/> |     |     |     |
|  |                                    |                          | Walk-in <input type="checkbox"/>          | Other (specify):                      |     |     |     |

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| List three persons, other than relatives or former employers, who have knowledge of your work performance. |         |            |         |
| Name   | Address | Occupation | Phone # |
|  |         |            |         |
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| SCHOOL      | NAME & ADDRESS | YEARS COMPLETED   | GRADUATED  | DEGREE EARNED |
|-------------|----------------|---|--|---------------|
| High School |                | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |               |
| College     |                | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |               |
| College     |                | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |               |
| Other       |                | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |               |

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| Do you plan to continue your education? Yes <input type="checkbox"/> No <input type="checkbox"/> | U.S. Armed Services? Yes <input type="checkbox"/> No <input type="checkbox"/> | Branch:  |
| If yes, when: where:   | Relevant skills acquired:   |  |
| Do you possess any of the skills indicated below?  |   |  |
| Typing Yes <input type="checkbox"/> No <input type="checkbox"/>                                  | Computer Yes <input type="checkbox"/> No <input type="checkbox"/>             | Cash register Yes <input type="checkbox"/> No <input type="checkbox"/> |
| WPM:   | Type:   | Other:   |
| Foreign language(s) spoken fluently:   |   |  |



List below last four employers, starting with present or most recent. Include full-time and part-time.

| Date | Month | Year | Employers' name & full address | Position, Salary & Supervisor | Reason for leaving |
|------|-------|------|--------------------------------|-------------------------------|--------------------|
| From |       |      |                                |                               |                    |
| To   |       |      |                                |                               |                    |
| From |       |      |                                |                               |                    |
| To   |       |      |                                |                               |                    |
| From |       |      |                                |                               |                    |
| To   |       |      |                                |                               |                    |
| From |       |      |                                |                               |                    |
| To   |       |      |                                |                               |                    |

EMPLOYMENT RECORD

State any of your experiences, skills, or qualifications you feel would benefit the company.

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STATEMENT

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

