

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:	Disposition of case:	
If hired, can you present evidence of your U.S. citizenship, or proof of your legal right to live and work in this country?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not, please explain:				
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. Specify Hrs/Days available	SUN	MON	TUE	WED	THU	FRI	SAT
Are you acquainted with anyone who works for us? Yes <input type="checkbox"/> No <input type="checkbox"/> Name:		How were you introduced to this position?					
Relationship:		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"/>	

Do you plan to continue your education? Yes No
If yes, when: _____ where: _____

U.S. Armed Services? Yes No Branch: _____
Relevant skills acquired: _____

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Do you possess any of the skills indicated below?

Typing Yes No Computer Yes No Cash register Yes No Foreign language(s) spoken fluently: _____

WPM: _____ Type: _____ Other: _____



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.

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 _____

