



APPLICATION FOR EMPLOYMENT

Janesville Country Club

An Equal Opportunity Employer.
Reasonable accommodation will be provided as required by law.

Last Name		First Name		Middle Initial		Email Address	
Street Address		City/State		Zip Code		Phone Number	
If hired, can you provide evidence of legal eligibility to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:				Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
Date you can begin work?		Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.			
Name of high school attended:		City: State:	Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	GED? YES <input type="checkbox"/> NO <input type="checkbox"/>	Projected Grad Date:		
Name of college or technical school:		City: State:	Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you presently enrolled in school? YES <input type="checkbox"/> OTHER <input type="checkbox"/>							
List any job-related skills or accomplishments, including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Total hours per week you are available to work:				Do you have any special requests or needs for a work schedule?			



Your Employment History

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Employer:	Reason for Leaving:
Address:	Dates of Employment From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor: Telephone:	Job Title: Duties:
Name of Employer:	Reason for Leaving:
Address:	Dates of Employment From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor: Telephone:	Job Title: Duties:
Name of Employer:	Reason for Leaving:
Address:	Dates of Employment From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor: Telephone:	Job Title: Duties:
CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM	
<p>I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.</p> <p>I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.</p> <p>I have read, understand, and agree to the above statements.</p>	
Signature:	Date: