



Hazeltine National Golf Club

1900 Hazeltine Boulevard • Chaska • MN • 55318

(952) 556-5400 Fax: (952) 556-5421

An Equal Opportunity Employer

Date: _____

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete both pages of this form.
3. If more space is needed to complete any question, use the comments section on the back
4. Print clearly; incomplete or illegible applications will not be processed.

Name: _____
FIRST, MIDDLE INITIAL, LAST

Current Address: _____
STREET, CITY, STATE, ZIP

Prior Address: _____
STREET, CITY, STATE, ZIP

Home Phone: _____ Work Phone: _____ E-mail: _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin or the presence of disabilities, sexual orientation, status with regards to public assistance, or any other characteristic protected by law. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. This application applies only to the position specified. It is considered inactive after 30 days. If at any time you wish to be considered for employment within this company, another application must be completed.

AVAILABILITY

For what position are you applying? _____

What date can you start? _____

For which schedules are you available? Weekdays Weekends Evenings Nights Full time Part time Seasonal Over time Other _____

Are you legally eligible for employment in the United States? Yes No

Are you of legal age to work in the United States? Yes No

EDUCATION

Please check the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	GRADUATE?
HIGH SCHOOL		
COLLEGE		
OTHER		

SECURITY

List States and counties of residence for the past seven years. _____

JOB RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related. Please exclude any information indicative of age, sex, religion, national origin or disability.

Yes No If the job requires, do you have the appropriate valid driver's license?
DL # _____ Type _____ State of Issue _____

Yes No Have you had any moving violations? Please describe _____

Please list any other skills, license or certificates that may be job-related or that you feel would be of value to this job or company: _____

Yes No Have you been given a job description or had the requirements of the job explained to you?

PREVIOUS WORK EXPERIENCE

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of the past employers are essential. Please place a ✓ in the space () provided if we can contact the employer.

1. Employer and Address: _____

Reason for leaving: _____

Phone number: _____ Job Title/Duties: _____

Dates Worked: _____ Wage: _____ Supervisor Name _____

2. Employer and Address: _____

Reason for leaving: _____

Phone number: _____ Job Title/Duties: _____

Dates Worked: _____ Wage: _____ Supervisor Name _____

3. Employer and Address: _____

Reason for leaving: _____

Phone number: _____ Job Title/Duties: _____

Dates Worked: _____ Wage: _____ Supervisor Name _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME KNOWN/RELATIONSHIP	ADDRESS	YEARS
1.		
2.		
3.		

COMMENTS: _____

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I agree that if I am employed, my employment shall not be construed as being for any definite period of time, but will be for an indefinite period, terminable at will by the Company or me.

SIGN - ** Your name below will serve as your signature for this application

DATE