

6797 Canby Trail ♦ Northfield, MN 55057

Applying for:

Pro Shop

Banquets

Ranger/Starter

Kitchen Wait Staff

Outside Service

Maintenance

Host/Busser

Turn Grill/Bev Carts

Bartender

EMPLO	YMENT	APPLICAT	ION
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First Name	Initial	Last Name	Social Sec		ial Security Numbe	ecurity Number		Phone Number		
Street	City		State		Zip	Zip		Date Of Birth		
Email Address		<u> </u>			L		I			
			AVAILA	BILITY						
Date You Can Start: Salary Desired:					Expected Last	Day to Wo	ork:			
			EDUCA	TION						
High School/College City, State			Phone Teacher or Co		Counselor	unselor GPA		Current Year Grade		
								Gra	aduated	
Sports/Activities										
			REFERENCES							
List three school, business, or personal references that you give permission for us to contact. They should be not related to you.										
Name		Tele	phone Numbe	er	Known How Lo	ng?	School*	Work*	Personal*	
								1		
			WORK EXPE	RIENCE						
Start with your most recent employer. Ma	y we contact th	nese employers	Yes _	No						
Company Name and Address		Po	Position		Dates Employe	Dates Employed		Ending Wage		
		Su	Supervisor		From	From		Reason for Leaving		
		Su	ıpervisor's Tel	ephone Number	То	То				
Company Name and Address		Pc	Position		Dates Employe	Dates Employed		Ending Wage		
		Su	Supervisor		From	From		Reason for Leaving		
		Su	upervisor's Telephone Number To							
Company Name and Address		Pc	Position		Dates Employe	Dates Employed		Ending Wage		
		Su	Supervisor		From	From		Reason for Leaving		
		Su	Supervisor's Telephone Number To							
		<u>'</u>			<u>'</u>		1			
Name:			ASE OF EMER dress:	GENCY NOTIFY						
Phone Number:		Rela	ationship to E	mployee:						

OMISSIONS, OR MISREPRESENT TIME. I AUTHORIZE WILLINGER	FORMATION SUBMITTED BY ME ON THIS TATIONS ARE DISCOVERED, MY APPLICAT IS GOLF CLUB, LLC TO OBTAIN MY BACKG GNED ORIGINALINITIAL HERI	TION MY BE REJECTED AND, IF I AN ROUND REPORT, INCLUDING INVES	M EMPLOYED, MY EMPLOYMENT MAY	Y BE TERMINATED AT ANY
CAN BE TERMINATED WITH OR THAT THE TERMS AND CONSIDE COMPANY. I UNDERSTAND THA ANY AUTHORITY TO ENTER INTO	OYMENT I AGREE TO CONFIRM TO THE CO WITHOUT CAUSE, AND OR WITHOUT NOT ERATIONS OF MY EMPLOYMENT MAY BE O T NO COMPANY REPRESENTATIVE, OTHEI D ANY AGREEMENT FOR EMPLOYMENT FO O MAKE ANY AGREEMENT CONTRARY TO	FICE, AT ANY TIME, AT EITHER MY O CHANGED, WITH OR WITHOUT CAUS R THAN ITS PRESIDENT, AND THEN O DR ANY SPECIFIC PERIOD OF TIME, C	R THE COMPANY'S OPTION. I ALSO UN SE, AND WITH OR WITHOUT NOTICE, A DNLY WHEN IN WRITING AND SIGNED I	IDERSTAND AND AGREE AT ANY TIME BY THE BY THE PRESIDENT, HAS
DATE	APPLICA	NT APPROVAL		
	pportunity employer and does not disc nd over). In addition, the company does			religion, national origin,
Upon Employment Employee Ack	nowledgements:			
have received a paper or an elect understand Willingers Harassmer understand Willingers Golf Club B acknowledge Willingers Golf Club understand the Tip Reporting pro understand that my hourly pay ra understand that pay periods are	Willingers Golf Club, LLC dba Willingers Goronic copy of the Willingers Golf Club Emet and Electronic Data Policies as noted in Employee Golf & Dining Policies as noted beliquor Liability Minimum Expectations a pocess and that it is my responsibility to relate is noted below and that I am eligible feevery 2 weeks Sunday through Saturday act deposit of my paychecks in to the follows.	ployee Handbook and acknowledge the Handbook. in the Handbook. nd that the Liquor and Tobacco mir port cash tips to my employer. or overtime pay after 40 hours per and paycheck dates are every other	nimum age is 21. week.	
Bank Name:				
Routing Number:				
Account Number:				
Type of Account:Checking	_Savings			
Fanalousa Signatura.			Date	
employee signature:			Date:	
For Hiring Manager Use:				
References verified by:	or Referred by:	[Date:	
Department (1):	Department (2):	Department (3):		
Position (1):	Position (2):	Position (3):		
Hourly Wage (1):	Hourly Wage (2):	Hourly Wage (3):		
Documents Required:				
2021 W-4 I-9				
•	n Certificate or Social Security Card der age 18.			
For Office Use:				
Employee User Name:	E	mployee ID:	Employee PIN:	