

SETTLERS MILL OF OSHKOSH, LLC

ADVENTURE GOLF & GAMES
3025 S Washburn Street, Oshkosh WI 54904
Mailing Address: P.O. Box 435 Slinger WI 53086

APPLICATION FOR EMPLOYMENT

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in the possible placement of you in a position that best meets your qualifications and may assist us in possible future employment.

NAME: _____

ADDRESS: _____

HOME PHONE# _____

TELEPHONE: _____

CITY/STATE/ZIP: _____

SOCIAL SECURITY NUMBER: _____

ARE YOU AUTHORIZED TO WORK IN THE U.S.? _____

POSITION APPLIED FOR: _____

DAYS/HOURS AVAILABLE TO WORK: (MARK BELOW)

WAGE DESIRED: _____

____ NO PREFERENCE

HOW MANY HOURS PER WEEK

____ MON ____ TUES ____ WED

CAN YOU WORK?:

____ Thurs ____ FRI ____ SAT ____ SUN

WHEN ARE YOU AVAILABLE TO START WORK?

DO YOU NEED OFF FOR HOLIDAYS/WEEKENDS/DAYS?
BE SPECIFIC AND LIST:

DO YOU HAVE TRANSPORTATION TO WORK? _____

HOW DID YOU HEAR ABOUT EMPLOYMENT WITH US?

LIST ANY FRIENDS/RELATIVES THAT WORK FOR US:

RECORD OF EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	YEAR GRADUATED
HIGH SCHOOL				
COLLEGE				
BUS./TRADE SCHOOL				
PROFESSIONAL SCHOOL				

PLEASE COMPLETE BACK SIDE OF THIS FORM

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT:

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS

FROM (DATE)

TO (DATE)

TYPE OF WORK/POSITION

SUPERVISOR

TELEPHONE#

REASON FOR LEAVING

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS

FROM (DATE)

TO (DATE)

TYPE OF WORK/POSITION

SUPERVISOR

TELEPHONE#

REASON FOR LEAVING

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS

FROM (DATE)

TO (DATE)

TYPE OF WORK/POSITION

SUPERVISOR

TELEPHONE#

REASON FOR LEAVING

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME _____ OCCUPATION _____

ADDRESS _____ TELEPHONE _____

CITY/STATE/ZIP _____

NAME _____ OCCUPATION _____

ADDRESS _____ TELEPHONE _____

CITY/STATE/ZIP _____

NAME _____ OCCUPATION _____

ADDRESS _____ TELEPHONE _____

CITY/STATE/ZIP _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THIS INFORMATION CAN/WILL BE USED FOR APPLICATION PURPOSES.

SIGNED: _____

DATED: _____

PLEASE RETURN TO: SETTLERS MILL * P.O. BOX 435 * SLINGER WI 53086 * FAX 262-299-1044 *
settlersmill@charter.net