



Door Creek Golf Course Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Position Applied for: _____

Weekly Hours desired	Less than 15hrs <input type="checkbox"/>	15-25hrs <input type="checkbox"/>	25-35hrs <input type="checkbox"/>
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Are you willing to work	Weekends?		Holidays?		Nights?		Days?	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Days available	Mondays <input type="checkbox"/>	Tuesdays <input type="checkbox"/>	Wednesdays <input type="checkbox"/>	Thursdays <input type="checkbox"/>	Fridays <input type="checkbox"/>	Saturdays <input type="checkbox"/>	Sundays <input type="checkbox"/>	

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

EMPLOYER	DATES EMPLOYED	POSTION
Name	From:	Title
City/State:	To:	Supervisor:
Phone:		Reason for Leaving:
Name	From:	Title
City/State:	To:	Supervisor:

