



BIG LAKE COUNTRY CLUB EMPLOYMENT APPLICATION & PRE-INTERVIEW QUESTIONNAIRE

Last Name:		First Name:		Middle Initial:
Mailing Address:		City, State, Zip Code:		Home Phone:
Physical Address:		City, State, Zip Code:		Cellular Phone:
Other Phone:	D.O.B:	Driver's License #:	State / Expiration:	License Class:
Social Security #:	Email Address:			

POSITION FOR WHICH YOU ARE APPLYING:	DATE:
INTERESTED IN (check all that apply):	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Job Coaching <input type="checkbox"/> Group Home <input type="checkbox"/> Day Habilitation <input type="checkbox"/> Morning Shift <input type="checkbox"/> Afternoon Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Other (specify):	

Do you possess or can you obtain prior to your employment: First Aid/CPR training certificates, proof of a recent negative TB test, and a mandatory DHSS Federal Background Check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your educational or employment records found under a different last name? If yes, please list any other names used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? If yes, please list the name, address, and phone number of your employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a former employee of Big Lake Country Club? If yes list the last dates of employment and position:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or forced to resign from any position? If yes, please list the employer, date, and reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives working/have worked for Big Lake Country Club? If yes, please list their name, relationship to you, and position:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the USCIS must be submitted prior to employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No



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PERSONAL / CHARACTER REFERENCES		
Name	Relationship	Telephone Number

EDUCATION AND TRAINING		
School Name / Location	Course of Study / Training Type	Diploma / Degree / Certificate Obtained

RELATED LICENSES (provide copies)				
Trade/Specialization	Issue Date	Expiration Date	License Number	Professional License Issued By



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OTHER RELEVANT SKILLS OR EXPERIENCE (please note)

EMPLOYMENT HISTORY			
May we contact your present employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
1	Starting Date	Ending Date	Employer Name / Complete Address
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer			
Hours/Week	Starting Pay	Ending Pay	Name & Title of Immediate Supervisor:
			Telephone Number:
Reason for Leaving:			
Title of Position Held:			Number of Employees Supervised:
Describe job responsibilities in order of importance:			



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2	Starting Date	Ending Date	Employer Name / Complete Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer				
Hours/Week	Starting Pay	Ending Pay	Name & Title of Immediate Supervisor:	
Reason for Leaving:			Telephone Number:	
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Hours/Week	Starting Pay	Ending Pay	Name & Title of Immediate Supervisor:
Reason for Leaving:			Telephone Number:
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