

Hon-E-Kor Golf Course

P.O. Box 439, Kewaskum, WI 53040
262.626.2520 *www.hon-e-kor.com

Application for Employment

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 knowledge and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

PERSONAL

Date _____ Telephone NO. _____

Name _____
Last Middle First

Present Address

_____ No. Street City State Zip

Are you legally eligible for employment in the U.S.A? _____ State age if under 18 _____

Position(s) applied for _____ Rate of pay expected \$ _____

Able to work Full-Time ___ Part-Time ___

Specify days and hours if part-time _____

Were you previously employed by us? If yes, when?

What date are you available to start work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization?

School	Name and Address of School	Course of Study	Check Last Year Completed	Did You Graduate? Yes / No	List Diploma or Degree
High					
College					

List below all present and past employment, beginning with your most recent

Name and Address of Company _____

Date employed ____ / ____ / ____ to Date finished ____ / ____ / ____

Describe work that you did _____

Hourly pay when hired ____ hourly pay when finished ____

Reason for Leaving _____

Name of Supervisor _____

Company Telephone No. _____

Name and Address of Company _____

Date employed ____ / ____ / ____ to Date finished ____ / ____ / ____

Describe work that you did _____

Hourly pay when hired ____ Hourly pay when finished ____

Reason for Leaving _____

Name of Supervisor _____

Company Telephone No. _____

Name and Address of Company _____

Date employed ____ / ____ / ____ to Date finished ____ / ____ / ____

Describe work that you did _____

Hourly pay when hired ____ Hourly pay when finished ____

Reason for Leaving _____

Name of Supervisor _____

Company Telephone No. _____

PERSONAL REFERENCES

Name	Occupation	Phone Number

MILITARY SERVICE RECORD

Were you in the U.S. armed forces? Yes ____ No ____

If yes, what branch? _____

Dates of Duty from Month ____ Day ____ Year ____ to Month ____ Day ____ Year ____

List duties in the service including special training
