**ALBANY GOLF CLUB, INC.**

**P.O. Box 338**

**Albany, MN 56307**

**(P)320-845-2505 (E)** **albanygolfcourse@gmail.com**

**APPLICATION FOR EMPLOYMENT**

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|  **POSITION APPLYING FOR**  | **Date available for work** | **Date of application** |
|  |  |  |

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| --- | --- | --- | --- |
|  Last Name  |  First Name |  Middle Name |   |
|  |  |  |  |
|  Home Phone No. |  Work Phone No. |  County |
|  |  |  |
|  Street Address |  City |  State |  Zip Code |
|  |  |  |  |

Education: Did you graduate from high school or receive a GED? YES NO

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of education: 7 8 9 10 11 12 13 14 15 16 17 18 19 20

|  |  |  |  |
| --- | --- | --- | --- |
| Colleges, Universities, Technical schools attended | Graduated  | Certificate/ degree | Course of Study |
|  |  Yes No |  |  |
|  |  Yes No |  |  |
|  |  Yes No |  |  |
|  |  Yes No |  |  |
|  |  Yes No |  |  |

Have you been convicted of a misdemeanor, gross misdemeanor, or felony? (You may answer “no” if the conviction or criminal records have been annulled or expunged.) **NO YES**

If yes, please attach a separate sheet with explanation. Information concerning this question will not be used to automatically bar you from employment unless it is related to the position for which you are seeking.

Employment History:

Experience and training ratings are determined by this information - please be complete.

List your present or most recent experience first. (Attach additional sheets if necessary.)

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| EMPLOYMENT FIRM | ADDRESS | PHONE NO. | YOUR TITLE |
|  |  |  |  |
| SUPERVISOR | SUPERVISOR’S TITLE | NO. & TYPE OF POSITIONS YOU SUPERVISED |
|  |  |  |
| LENGTH OF EMPLOYMENT | MONTH & YEAR EMPLOYMENT STARTED | MONTH & YEAR EMPLOYMENT ENDED | HOURS PER WEEK | LAST SALARY | REASON FORLEAVING |
|  |  |  |  |  |  |
| May we contact your present employer? YES NO If NO, explain: |

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| --- | --- | --- | --- |
| EMPLOYMENT FIRM | ADDRESS | PHONE NO. | YOUR TITLE |
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| SUPERVISOR | SUPERVISOR’S TITLE | NO. & TYPE OF POSITIONS YOU SUPERVISED |
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| LENGTH OF EMPLOYMENT | MONTH & YEAR EMPLOYMENT STARTED | MONTH & YEAR EMPLOYMENT ENDED | HOURS PER WEEK | LAST SALARY | REASON FORLEAVING |
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| EMPLOYMENT FIRM | ADDRESS | PHONE NO. | YOUR TITLE |
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| SUPERVISOR | SUPERVISOR’S TITLE | NO. & TYPE OF POSITIONS YOU SUPERVISED |
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| LENGTH OF EMPLOYMENT | MONTH & YEAR EMPLOYMENT STARTED | MONTH & YEAR EMPLOYMENT ENDED | HOURS PER WEEK | LAST SALARY | REASON FORLEAVING |
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Relevant current professional memberships, registrations, or licenses. (Include date when first issued.)

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Briefly state why you are interested and why you feel you are qualified for this position: (Attach additional sheets if necessary.)

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List four people, other than relatives, who can be contacted regarding your qualifications, work habits, and character.

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| NAME | PRESENT ADDRESS | PHONE NO. | POSITION & RELATION TO YOUR JOB |
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The Albany Golf Club has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application, my resume, or made by me in an interview which may be discovered now or anytime in the future.

In connection with this application for employment, I authorize the Albany Golf Club, and any agent acting on its behalf, to conduct any inquiry into any job-related information contained in this application, including but not limited to, my records maintained by an educational institution relating to academic performance, such as transcripts. Moreover, I hereby release the Albany Golf Club and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

* YES
* YES, but not present employer until job is offered.
* NO (We may be unable to hire you without this information.)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and I understand the information. I understand that employment with the Albany Golf Club is “at-will” and either the Albany Golf Club or I may terminate that employment at any time, with or without notice.

 Applicant’s Signature Date