



# ATKINSON

RESORT & COUNTRY CLUB

Please Print

DATE: \_\_\_\_\_

**PERSONAL INFORMATION:**

Last Name:	First Name:	M.I.:	Telephone Number
Mailing Address:			
Street Address (if different):			Referred By:
Town, State, Zip Code:			

**EMPLOYMENT DESIRED:**

Position:	Date You Can Start:	Salary Desired:
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, can we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? Where? _____ When? _____	Do you know anyone presently working at Atkinson Concessions? <input type="checkbox"/> Yes Who? _____ <input type="checkbox"/> No	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AVAILABILITY-STATE ALL HOURS YOU WILL BE ABLE TO WORK BELOW:**

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
FROM							
TO							

PLEASE CHECK ANY THAT APPLY:  Full Time  Part Time  Weekends  Evenings  Seasonal

**EDUCATION:**

	Name & Location	Year Graduated	Subjects Studied
Grammar			
High School			
College			
Trade/Business			

**FORMER EMPLOYERS:** LIST LAST FOUR EMPLOYERS STARTING WITH MOST RECENT FIRST.

Date	Name and Address Of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**REFERENCES** Please list the name of three people not related to you, whom you have known for at least one year.

	Name	Address	Business		Yrs. Known
1					
2					
3					

**IN CASE OF EMERGENCY, NOTIFY:**

Name:	Phone Number:
Address:	Relationship:

**AUTHORIZATION STATEMENT**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Hired?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	Rate of Pay:
	Dept.:	Job Title:

<b>Benefits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time <input type="checkbox"/>	<b>Uniforms?</b> Shirts <input type="checkbox"/> # _____ Pants <input type="checkbox"/> # _____ Shoes <input type="checkbox"/> # _____ Jackets <input type="checkbox"/> # _____ Other <input type="checkbox"/> # _____	<b>Job Codes</b>	<b>Rates</b>
	Part Time <input type="checkbox"/>			
	Seasonal <input type="checkbox"/>			
<b>Business Cards?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

**COMMENTS:**