

Application for Employment

Applicant Information

Date of	Date Available to	
Application	Start Work	

Position Applying For	Desired Salary	

Last	First		Midd	le	
Name	Name		Initia	al	
Street	City,		Zip		
Address	State				
Phone	Email				
Number Date of	Address				
Birth	Are you 16 years		м П	No	
Birth	or older?				
Work Visa #	horized to work in the United S		Expiration		
Work Visa #			Expiration		
Have you ever worked for	Scotts Bluff Country Club in th	e past?		□ Yes	□ No
If Yes, when?					
What position?					
Reason for Leavin	g?				
Have you ever been convi	icted of a felony or misdemean	or other than a traffic in	fraction?	□ Yes	□ No
Please explain					

Does your conviction carry additional requirements (registered sex offender, parolee, etc.)

Education Information

High School	Address	
Dates	Graduate?	🗆 Yes 🛛 No
Degree		

5014 Avenue I Scottsbluff, NE 69371 (308) 632-8297



Application for Employment

	College	Address	
F	Dates	Graduate?	🗆 Yes 🛛 No
	Degree		

Vocational	Address	
Dates	Graduate?	🗆 Yes 🛛 No
Degree		

References

Full Name	Relationship
Company	Phone Number
Address	

Full Name	Relationship
Company	Phone Number
Address	

Full Name	Relationship
Company	Phone Number
Address	

Previous Employment

Company		Phone		
Address		Supervisor		
Job Title		Ending Salary		
Job Duties:				
From		То		
Reason for				
Leaving:				
May we cont	tact this employer for a reference?] Yes	🗆 No



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Company		Phone		
Address		Supervisor		
Job Title		Ending Salary		
Job Duties:				
From		То		
Reason for				
Leaving:				
May we cont	tact this employer for a reference?		🗆 Yes	🗆 No

Company		Phone		
Address		Supervisor		
Job Title		Ending Salary		
Job Duties:				
From		То		
Reason for				
Leaving:				
May we conta	act this employer for a reference?	[⊐ Yes	□ No

Military Service

Branch	From/To
Rank at	
Discharge	
If other	
than	
Honorable,	
please	
explain	

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature of Applicant

Date of Application

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In order to properly staff, please let us know what days and times you are available to work. When completing the availability schedule, don't forget to take into account seasonal activities (sports, theater, music, hobbies, etc.). While we understand things come up, please note it is imperative to accurately complete this form. If you have any questions, please let us know.

Date available to start:	
Last day you can work (if applying for a seasonal position)	

Please mark the days and times you ARE AVAILABLE to work.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
□ A.M.	□ A.M.	□ A.M.	□ A.M.	□ A.M.	□ A.M.	□ A.M.
□ P.M.	□ P.M.	□ P.M.	□ P.M.	□ P.M.	□ P.M.	□ P.M.

Please list the days off you need for upcoming vacations, camps, weddings, family reunions, practices, etc. In order to best serve our members, it is crucial that we know these dates prior to hiring for the months of May—September & December.

Date	Reason	
Date	Reason	

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