

# Application for Employment

Please, print clearly using blue or black ink



## Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last

First

M.I.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

## General Information

Date you can start working: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Desired: \_\_\_\_\_ Pay Expected: \$\_\_\_\_.\_\_\_\_ per \_\_\_\_\_

Are you 18 years old or older? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you eligible to for employment in the U.S.? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

How many hours per week are you available for work? \_\_\_\_\_

List which days/nights you are available for work: \_\_\_\_\_

How did you hear about the OLC? OLC Employee: \_\_\_\_\_ Other: \_\_\_\_\_

Are you related to a current OLC Employee? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes who? \_\_\_\_\_

Are you related to a current OLC Member? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes who and how? \_\_\_\_\_

Do you have any physical limitations that may prevent you from performing any work for which you are being considered?  
\_\_\_\_\_ YES \_\_\_\_\_ NO If YES, please explain: \_\_\_\_\_

Do you have any driving violations, criminal record, or felony charges? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please explain: \_\_\_\_\_

Do you have your own form of transportation? \_\_\_\_\_ YES \_\_\_\_\_ NO

In case of emergency, please contact: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Education

Name of High School: \_\_\_\_\_ Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

Name of College: \_\_\_\_\_ Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

Name of Other School: \_\_\_\_\_ Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

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[www.oconomowoclakeclub.org](http://www.oconomowoclakeclub.org)

[olc@clubolc.com](mailto:olc@clubolc.com)

**Employment History** - Begin with the most current

**Company Name:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Employment Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Pay Rate: \$\_\_\_\_.\_\_\_\_ per \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Company Name:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Employment Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Pay Rate: \$\_\_\_\_.\_\_\_\_ per \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Company Name:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Employment Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Pay Rate: \$\_\_\_\_.\_\_\_\_ per \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Personal References** - Other than Relatives

**1) Name:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Years Associated with this Person: \_\_\_\_\_

**2) Name:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Years Associated with this Person: \_\_\_\_\_

**3) Name:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Years Associated with this Person: \_\_\_\_\_

**Signature**

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_