

# Stonybrook Golf

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**STONYBROOK**  
ESTD GOLF 1955

## EMPLOYMENT APPLICATION

### Application Information

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		

Days Available Weekdays/Weekends?	_____	Hours:	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>
Desired Hourly Rate?	\$ _____	Potential Start Date:	____/____/____	

Position or Department applying for:	Pro Shop <input type="checkbox"/>	Cart Attendant <input type="checkbox"/>	Grounds Crew: <input type="checkbox"/>	Food & Beverage: <input type="checkbox"/>	Kitchen: <input type="checkbox"/>
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Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Valid Driver's License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain?	_____	

### Experience

Are you a golfer or have golf knowledge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you have prior experience in the position you are applying for?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many years:	_____

Please tell us why you want to work at Stonybrook:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education**

High School \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

College: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

Other: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**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: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE DROP OFF OR EMAIL COMPLETED FORM TO STONYBROOKGOLF@ICLOUD.COM