

Stonybrook Golf

263 Milton Road Litchfield CT 06759 (860) 567-8486
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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