



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME:

PHONE:

ADDRESS:

EMAIL:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

DATE AVAILABLE:

EMERGENCY CONTACT NAME
AND PHONE NUMBER:

POSITION APPLIED FOR:

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES NO

*IF YES, WRITE THE START AND END DATES:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN:

EDUCATION

HIGH SCHOOL:

CITY / STATE:

YEAR COMPLETED:

YES NO DIPLOMA:

COLLEGE:

CITY / STATE:

YES NO DEGREE

PREVIOUS EMPLOYMENT

EMPLOYER 1:

ADDRESS:

PHONE:

JOB TITLE:

REASON FOR LEAVING:

PREVIOUS EMPLOYMENT

EMPLOYER 2:

ADDRESS:

PHONE:

JOB TITLE:

REASON FOR LEAVING:

EMPLOYER 3:

ADDRESS:

PHONE:

JOB TITLE:

REASON FOR LEAVING:

REFERENCES

NAME:

PHONE:

EMAIL:

REFERENCE TYPE:

(PERSONAL OR PROFESSIONAL)

NAME:

PHONE:

EMAIL:

REFERENCE TYPE:

(PERSONAL OR PROFESSIONAL)

NAME:

PHONE:

EMAIL:

REFERENCE TYPE:

(PERSONAL OR PROFESSIONAL)

PLEASE EMAIL THE APPLICATION TO

DEB@BENBROOKGOLF.COM