



An equal opportunity employer

# Team Member Application

Please print. Answer all questions completely. Please complete all applicable pages.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Cell Number ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Position(s) Applies For: \_\_\_\_\_ Are you interested in: \_\_\_\_\_ Date Available To Start \_\_\_\_\_  
 Full-time  
 Part-time  
 Temporary

Days and Hours Available: Sun. Mon.Tues. Wed. Thurs. Fri. Sat.  
 From \_\_\_\_\_  
 To \_\_\_\_\_

How were you referred?  Friends  Relative  School  Walk-In  Rehire Mail   
 Employee? Name \_\_\_\_\_  Newspaper? \_\_\_\_\_  
 Other \_\_\_\_\_

Have you ever worked for Caddie Shak before? Yes  No   
 If yes, dates and position \_\_\_\_\_

Do you know anyone now employed at Caddie Shak? Yes  No   
 If yes, give name(s) and Position(s) \_\_\_\_\_

If hired, can you provide proof that you are eligible to work in the United States?  
 If no, please explain: \_\_\_\_\_

Education:  
 Circle highest grade completed: High School 9 10 11 12 College 1 2 3 4 Graduate School MA/MS/MBA/Med/PhD

Education	Name and Location	Did you graduate?	Major
High School			
College			
Other			

Are you Presently enrolled in school? Yes  No

**Work History: List employers during last ten years, in sequential order, with present employer first.  
(If no work history, list 2 personal references).**

Company Name _____	Length of Employment:
Street _____	
City _____ State _____	
Phone Number _____	
Supervisors Name _____	From _____ To _____
Reason for leaving _____	
_____	
_____	
Job description _____	
_____	
_____	

Company Name _____	Length of Employment:
Street _____	
City _____ State _____	
Phone Number _____	
Supervisors Name _____	From _____ To _____
Reason for leaving _____	
_____	
_____	
Job description _____	
_____	
_____	

Any known vacation days or time off during season? \_\_\_\_\_

Please list any medical problems of physical limitations \_\_\_\_\_

I hereby certify that all facts on this employment application are true and complete to the best of my knowledge. I understand that any false statements made on this application shall be considered sufficient cause for rejection of this application and/or dismissal from employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS:          
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