

## GE Application for Employment Ri Autumn Ridge Golf Course



| Name as I appears on Social Security Card  |           | Telephone Number               |                     | Best time to Contact |                      | Social Security Number |                   |  |  |  |  |
|--|-----------|--------------------------------|---------------------|----------------------|----------------------|------------------------|-------------------|--|--|--|--|
| Last First   | MI        | ( )                            |                     | AM PM                |                      | At time of Hire        |                   |  |  |  |  |
| Address  |           | City                           |                     |                      |                      | Zip Code               |                   |  |  |  |  |
| Position Desired   |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
| Are You Interested In:   | Full-Time |                                | Part-Time           |                      | Seasonal             |                        | _Employment?      |  |  |  |  |
| When are you able to start work?   |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
| Do you have the legal right to work and remain permanently in the U.S.?  Yes  References |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
| Name Profession or Trade   |           | Address, City, State, Zip Code |                     |                      | Telephone Number     |                        |                   |  |  |  |  |
| Profession of frade  |           | Address, only, state, 2p code  |                     |                      | Total Trailibut      |                        |                   |  |  |  |  |
|  |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
|  |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
| Education  |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
| School Name and Location   |           |                                | Graduated<br>Yes No |                      | Field of Major Study |                        | Degree<br>Awarded |  |  |  |  |
|  |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
|  |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
|  |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
| Other Training or formal education which related to the job for which you are applying?  |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
|  |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
|  |           |                                |                     |                      |                      |                        |                   |  |  |  |  |
| Special Skills and Qualification Summarize special job-related skills                    |           | acquired from em               | ployment or other   | experience.          |                      |                        |                   |  |  |  |  |
|  |           |                                |                     |                      |                      |                        |                   |  |  |  |  |

| Employment Experie            | nce (List Former Employers, beginning with the pres   | sent or most recent.)   |                |                |                |  |
|-------------------------------|---|-------------------------|----------------|----------------|----------------|--|
| Employer                      |   | From:                   |                | Job Title      |                |  |
| Address                       |   | To:                     | To:            |                | Work Performed |  |
| Phone                         |   | Wage Start:             |                |                |                |  |
| Supervisor                    |   | Wage End:               |                |                |                |  |
| Reason for leaving            |   |                         |                |                |                |  |
| May we contact your present E | Employer?   |                         |                |                |                |  |
| 1                             |   |                         |                | _              |                |  |
| Employer                      |   | From:                   |                | Job Title      |                |  |
| Address                       |   | То:                     |                | Work Performed |                |  |
| Phone                         |   | Wage Start:             |                |                |                |  |
| Supervisor                    |   | Wage End:               |                |                |                |  |
| Reason for leaving            |   |                         |                |                |                |  |
|                               |   |                         |                |                |                |  |
| Employer                      |   | From:                   |                | Job Title      |                |  |
| Address                       |   | To:                     | To:            |                | Work Performed |  |
| Phone                         |   | Wage Start:             | Wage Start:    |                |                |  |
| Supervisor                    | rvisor Wage End:  |                         |                |                | _              |  |
| Reason for leaving            |   | ·                       |                |                |                |  |
|                               |   |                         |                | 1              |                |  |
| Employer                      |   | From:                   |                | Job Title      |                |  |
| Address                       |   | То:                     | To:            |                | Work Performed |  |
| Phone                         |   | Wage Start:             |                |                |                |  |
| Supervisor                    |   | Wage End:               |                |                |                |  |
| Reason for leaving            |   |                         |                |                |                |  |
| to dismissal if any state     | entries on these form and the statements made by nement or information on this application are found to ding my background, including verification of prior e | be inaccurate or untrue | . I also autho |                |                |  |
| Signature                     |   |                         |                |                | Date           |  |
|                               | ApplicantsDo Not Wri  | te Below This Line      |                |                |                |  |
|                               | 11  |                         |                |                |                |  |
| Beginning Date:               | Beginning Wage:   | Status                  | Full Time      | Part Time      | Seasonal       |  |
|                               |   |                         |                |                |                |  |
| Position:                     |   |                         |                |                |                |  |
|                               |   |                         |                |                |                |  |
| Remarks:                      |   |                         |                |                |                |  |
|                               |   |                         |                |                |                |  |