



EMPLOYMENT APPLICATION

Name:		DOB:	SSN#:	
Other Names Used/ Maiden Name:			Your Email:	
Address:		City:	State:	Zip:
Phone Cell #:		Work #:	Alt #:	
Emergency Contact:		Relationship:	Cell #:	
Highest level of Education Completed? Not High School High School Tech School College Post Grad				
Position Preferred? Cashier Parking Farm Labor Field Trips Tractor Driver Animal Job Pony Walker Camp Any				
When Can You Work? PART-TIME FULL-TIME		Days & Times:		
Referred By:				

Work/Personal References. Please list		at least 2 who are not immediate family		
Reference Name:	Relation:	How long?	Phone #:	Ok to contact?

List related Employment Experience for position applying for :			
Employer	Type of Business:	Supervisor:	Phone #:
Title:	Start Date: (mth/yr)	End Date: (mth/yr)	Pay Rate:
Reason for Leaving:			
Employer	Type of Business:	Supervisor:	Phone #:
Title:	Start Date: (mth/yr)	End Date: (mth/yr)	Pay Rate:
Reason for Leaving:			
Employer	Type of Business:	Supervisor:	Phone #:
Title:	Start Date: (mth/yr)	End Date: (mth/yr)	Pay Rate:
Reason for Leaving:			

Do you have a Driver's License?	YES	NO
Do you have guaranteed transportation to work?	YES	NO
Are you aware that most activities are performed outdoors and require physical activity?	YES	NO
Do you have physical limitations that may inhibit your ability to work? Ability to Lift? Other?	YES	NO
Do you currently have health or accident insurance coverage?	YES	NO
Name of Insurance Provider:	Policy Holder:	

All of the above statements are true to the best of my knowledge. I understand that if the above statements are false or misleading, it may result in the forfeit of my application/employment with Hunt Club of Va. Beach, Inc.

X

Date: _____

Signature