



APPLICATION FOR EMPLOYMENT

HERITAGE POINTE GOLF CLUB, A DIVISION OF UPPER LAKES GROUP INC.

#1 Heritage Pointe Drive, Heritage Pointe, Alberta T1S 4H1
TEL 403.256.9192 FAX 403.256.4494

Please be as accurate as possible when completing this form in order to avoid any confusion in discussions between company personnel and your past employers, school authorities, etc.

(PLEASE PRINT)

POSITION/DEPARTMENT APPLYING FOR *(list in order of preference)*

GOLF SHOP*SERVER*KIOSK/BEV CART*BARTENDER*KITCHEN*GOLFER SERVICES*MAINTENANCE (TURF CARE)

1 _____

2 _____

3 _____

WHAT DATE ARE YOU AVAILABLE? _____

DO YOU HAVE RELIABLE TRANSPORTATION? YES NO

PERSONAL HISTORY

Mr. / Mrs. / Miss / Ms. _____
LAST NAME FIRST NAME(S)

ADDRESS _____

CITY _____ POSTAL CODE _____

TEL (HOME) _____ EMAIL _____

EDUCATION

SCHOOL	NAME OF SCHOOL	# YEARS ATTENDED	FINAL YEAR COMPLETED	DID YOU GRADUATE?	YEAR OF GRADUATION	COURSE OR DEGREE
HIGH SCHOOL						
UNIVERSITY						
COLLEGE/TRADE						
OTHER						

(PLEASE SEE OTHER SIDE)

EMPLOYMENT HISTORY

Work experience should be recorded in complete detail, beginning with present or most recent jobs. If you are now employed, this Company will not contact your present employer unless authorized by you to do so.

MAY WE CONTACT YOUR PRESENT EMPLOYER?

Yes

No

COMPANY _____ TEL _____

SUPERVISOR'S NAME _____

EMPLOYED FROM _____ TO _____ WAGE (START)\$ _____ (FINAL)\$ _____

REASON FOR LEAVING _____

COMPANY _____ TEL _____

SUPERVISOR'S NAME _____

EMPLOYED FROM _____ TO _____ WAGE (START)\$ _____ (FINAL)\$ _____

REASON FOR LEAVING _____

COMPANY _____ TEL _____

SUPERVISOR'S NAME _____

EMPLOYED FROM _____ TO _____ WAGE (START)\$ _____ (FINAL)\$ _____

REASON FOR LEAVING _____

OTHER INFORMATION

Do you have a valid driver's license, if required by the job? _____

Do you have any friends or relatives who work for this Company? _____

What are your outside interests? _____

Please list Organizations to which you belong (offices held). _____

If applying for Food & Beverage, are you 18 or older? _____

Are you bondable? _____

List any additional information regarding your qualifications/accomplishments. _____

REFERENCES *(Do not include family /relatives)*

FULL NAME	BUSINESS	TELEPHONE

CONDITIONS OF EMPLOYMENT (PLEASE READ CAREFULLY)

I hereby certify that the above statements are true and correct and understand that if employed, misrepresentation or omission of facts called for on this form is just cause for separation from the Company's service.

I AGREE: (1) To such physical examination as a Company designated physician may deem necessary.

(2) If employed, to abide by all Company rules, including those pertaining to attendance, safety and general conduct.

DATE

SIGNATURE