

Lost Lake Woods Club

4243 Lost Lake Trail ~ Lincoln, MI 48742 Telephone 989-736-8197 Fax 989-736-9541 www.lostlakewoodsclub.com



Employment Application

Personal Information							
Name:			Date:				
Last	, Middle, First						
Address:					ā		
Street			City	2	Zip Code		
Home Phone: Cell Phone:			Best Time to Reach You:				
Email Address:	<u> </u>			Birthdate:			
Employment Desired:							
Administration	Administration			Housekeeping/Laundry			
Accounting/Business	-		Golf (Caddy, Beverage Cart, Office)				
Front Desk/Clerical			Maintenance (Groundskeeping, General & Lodge, Mechanic)				
Service Staff (Wait Staff, Bartenders, Event)		: 4j	Security				
Kitchen Staff (Cooks-Line/Pizza/Grill, Dishwashers)		- Marian	Other (please specify)				
Education / Certificates / T							
	School Name & Address	Grade/Years Completed		Major or Field of Study	Type of Certificate or Degree		
High School					or Degree		
University/College	F 5971						
Business/Trade/Technical			- 4 - 12 - 1 1	34 14	10		
Other training and/or skills re	elated to the position yo	ou are app	olying for:		d		
Have you ever been employed Have you ever filed an applic	d for Lost Lake Woods ation with us before?	Club? Yes	Yes No No If ye	If yes, give date _			
Do you have, or have you had f yes, please give name and i	d any family/friends that	t have be	en employed o				
Do you have, or have you had If yes, please give name and i	d any family/friends that	t have be	en members o	r are currently members	s with us? Yes No		

Background Information

Signature of Applicant

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Are you currently employed? Yes No	If yes, may we contact your present employer? Yes No If no, please give exact number of days/weeks since leaving last job and reason.				
1. Company Name/Address	Supervisor/Manager	Start Date: End Date:	Hourly Rate/Salary:		
	Phone: Reason for leaving:				
Position:	Describe your work:				
2. Company Name/Address	Supervisor/Manager	Start Date: End Date:	Hourly Rate/Salary:		
	Phone:	Reason for leaving:	Reason for leaving:		
Position:	Describe your work:				
3. Company Name/Address	Supervisor/Manager	Start Date: End Date:	Hourly Rate/Salary:		
	Phone:	Reason for leaving:	Reason for leaving:		
Position:	Describe your work:	i dipartit	e day of		
If yes, please explain:		ft in lieu of termination? Yes			
Do you have a reliable mode	of transportation to meet an	ny scheduled shift? Yes No			
any of the statements checked by provide the employer with any an have. Further, I release all parti- information to the employer, as y	the potential employer, unles nd all information concerning es and persons from any and well as from the use of disclos at any misrepresentation, falsi	is I have indicated to the contrary. I my previous employment and any I all liability for any damages that the I all pure of such information by the em I fication or material omission of it	e best of my knowledge, and agree to have. I authorize the reference(s) listed to by other pertinent information that they nother pertinent information that they nother result from furnishing such apployer or any of its agents, employees, of the formation on this application may resu		
to time in its discretion. I further Will employee, which means I at terminated by me or Lost Lake V	cacknowledge that should I be n not under contract or emplo Voods Club; at any time; with laint about an incident that o	ecome an employee of Lost Lake v oyed for a specific period of time. or without notice; with or withou ccurred while employed at Lost Lo	ds of the employer, as amended from tin Woods Club, I will be considered an At- At-Will means that my employment can at cause; except for any reason prohibite ake Woods Club, you have 180 days afte		
origin citizenshin status physic	al or mental disability, race, i marital status, status with re	religion, creed, gender, sex, sexua	persons regardless of age, color, national orientation, gender identity and/or status, or any other characteristic		

Date