

**The Wilds Golf Club**  
**3151 Wilds Ridge**  
**Prior Lake, MN 55372**

**Application for Employment** - We are an equal opportunity employer. Please read carefully before completing.

**Personal Information**

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (date) \_\_\_\_\_

Address \_\_\_\_\_

Previous Address (If at above address less than 3 years) \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_

**Employment Desired**

Type of position desired \_\_\_\_\_ Full or part time? \_\_\_\_\_

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Are you willing to work week-ends? \_\_\_\_\_

Have you previously worked for The Wilds? \_\_\_\_\_ Dates: \_\_\_\_\_

**Employment History**

Complete the following even if you have already provided us with a resume. List your job history starting with your most recent position.

(1) Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address (city/state/zip) \_\_\_\_\_

Position and duties held \_\_\_\_\_

Dates of employment \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisors name and title \_\_\_\_\_

May we contact him/her? \_\_\_\_\_ If no, Why? \_\_\_\_\_

(2) Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address (city/state/zip) \_\_\_\_\_

Position and duties held \_\_\_\_\_

Dates of employment \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisors name and title \_\_\_\_\_

May we contact him/her? \_\_\_\_\_ If no, Why? \_\_\_\_\_

(3) Employer Name \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Address (city/state/zip) \_\_\_\_\_

Position and duties held \_\_\_\_\_

Dates of employment \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisors name and title \_\_\_\_\_

May we contact him/her? \_\_\_\_\_ If no, Why? \_\_\_\_\_

### **Education and Skills**

High School or GED (City/State) \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College (City/State) \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Dates \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

Graduate School (City/State) \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Dates \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

Military/Other \_\_\_\_\_

Skills and/or Qualifications? \_\_\_\_\_

### **Professional References** (List people we may contact who have knowledge of your work history and habits)

Name \_\_\_\_\_ Company \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **Supplemental Information**

Are you authorized to work in the U.S. and can verify that authorization under U.S. immigration laws? \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ If not, date of birth: \_\_\_\_\_

Name of relatives working at The Wilds \_\_\_\_\_

### **Read before Signing**

If you have any questions regarding this application, please ask before signing. We are an Equal opportunity Employer and consider all applications without regard to race, color, national origin, sex, age, or religion. I certify that the information contained in this application is correct to the best of my knowledge and I understand that intentional omissions or falsification of the information may be grounds for denial of employment or subsequent termination of employment. I hereby authorize The Wilds and any authorized agent thereof to produce an investigative report on my background. To facilitate the development of this information, I authorize, request and require any prior employee, educational institution, organization, company, or person so contacted furnish The Wilds or its agents whatever information they may have concerning any work history and achievements. As an inducement to provide this information, I hereby release and forever discharge each and every employer, educational institution, organization, company, or person from any and all claims of liability that may arise out of furnishing such information to The Wilds or any authorized agent thereof. I further give the Wilds lasting permission to re-investigate my background at any time in the future during my term of employment with them for any reason they so desire.

I acknowledge that I have read and understand the above statements and hereby authorize the investigation of the information supplied on this application by me. I hereby release you, your organization and its representative from any liability as a result of such investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RESTAN LLC RELEASE OF INFORMATION AUTHORIZATION

I authorize Restan LLC and/or their agents to receive information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state (including the Minnesota Bureau of Criminal Apprehension), or county level, workers compensation agencies or individuals, relating to my past activities, to supply any and all information. The information received may include, but not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, workers compensation, disciplinary and conviction records.

\_\_\_\_\_ NO: Do not contact my current employer. \_\_\_\_\_ YES: My current employer may be contacted.

A report may be prepared summarizing this information. If my prior employers and/or personal references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may make a written request to obtain a description of the nature and scope of any report, which is prepared regarding me. I may obtain a copy of this report by checking where indicated on this disclosure.

\_\_\_\_\_ NO: I would not like a copy \_\_\_\_\_ YES: I would like a copy

By my signature below, I hereby release any individual or institution, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all the statements and answers set forth on the application form are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Other names used in the past 7 years (including maiden name): \_\_\_\_\_

Home addresses for the past 7 years: Please fill in completely

Street Address	City	State	Zip Code	County	From Mo./Yr.	To Mo./Yr.

A reproduction copy of this document may be substituted for the original. This release expires one year after the date of origination. Print full name of applicate \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_