



EMPLOYMENT APPLICATION

Edgewood Dining, Events & Golf

APPLICANT INFORMATION

Full Name: _____ Phone: _____
Email: _____
Address: _____
City/State/ZIP: _____

POSITION & AVAILABILITY

Position Applying For: _____ Desired Start Date: _____
Desired Pay: _____
Employment Desired: ☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Temporary Days
Available: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun
Available Hours: _____

IMPORTANT INFORMATION

Are you legally authorized to work in the United States? ☐ Yes ☐ No
Will you now or in the future require sponsorship to work in the U.S.? ☐ Yes ☐ No
Are you at least 18 years old? ☐ Yes ☐ No
Have you previously worked for Edgewood Dining, Events & Golf? ☐ Yes ☐ No
If yes, when? _____

EDUCATION

High School: _____ City/State: _____
College/Trade School: _____ Degree/Training: _____
Other Training/Certifications: _____

EMPLOYMENT HISTORY

Name: _____

Position: _____

Dates Employed: _____

Supervisor: _____ **Phone:** _____

Reason for Leaving:

Position:

Dates Employed:

Supervisor:

Phone:

Reason for Leaving:

Name: _____ **Relationship:** _____

Phone/Email: _____

Name: _____ **Relationship:** _____

Phone/Email: _____

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may disqualify me from employment or may result in termination. I understand that completion of this application does not guarantee employment.
