



EMPLOYMENT APPLICATION

Position(s) Applying For: _____

9000 BAY HILL BOULEVARD
 ORLANDO, FLORIDA 32819

AN EQUAL OPPORTUNITY EMPLOYER M/F

DATE _____

PERSONAL	Last Name		First	Middle	Social Security Number	
	Street Address				Telephone Number (Home)	
	Area code:					
	City, State, Zip.			Other Telephone Number where you can be reached:		
	Last previous address (street, city, state, zip)				Salary desired:	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____			Have you ever been employed with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____		
	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		When will you be available to begin work?	

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. YRS. COMPLETED	DID YOU GRADUATE?	TYPE OF DEGREE	NUMBER OF CREDITS	COURSE OF STUDY
	High School or Preparatory		<input type="checkbox"/> Yes <input type="checkbox"/> No		___ Sem. ___ Qtr.	
	Business or Trade		<input type="checkbox"/> Yes <input type="checkbox"/> No		___ Sem. ___ Qtr.	
	College		<input type="checkbox"/> Yes <input type="checkbox"/> No		___ Sem. ___ Qtr.	
	Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		___ Sem. ___ Qtr.	
	COLLEGE GRADE POINT AVERAGE		HOW WAS YOUR COLLEGE EDUCATION FINANCED?			
Cumulative Overall: _____		<input type="checkbox"/> Scholarships % <input type="checkbox"/> Parents % <input type="checkbox"/> Part time employment %				
Cumulative Major: _____						

INDUSTRY SPECIFIC SKILLS:

SKILLS	Golf:	Merchandising:
	Food and Beverage:	Finance/Human Resources/MIS:
	Marketing/Membership:	Agronomy:

Please give accurate and complete full-time and part-time employment information. Start with your present or most recent employer. Account for periods of unemployment in excess of three months.

W
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K

Company Name

Area Code:

Telephone Number

Address (No., Street, City, State, Zip)

Date of Employment (Month & Year)

From

To

Name of Supervisor

Salary

Starting

Ending

State Your Job Title and Describe Your Responsibilities

Reason for Leaving

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N
C
E

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To

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Starting

Ending

State Your Job Title and Describe Your Responsibilities

Reason for Leaving

Were you ever discharged or asked to resign from any position?

Yes No Date (month/year) _____ Reason: _____

Name of employer

Address (No., Street, City, State, Zip)

PROFESSIONAL ACTIVITIES, AFFILIATIONS & ASSOCIATIONS
(Exclude those which may disclose race, color, religion, sex, age or national origin)

Driver's License Number _____ State _____

Have you ever been convicted of a felony or a job related misdemeanor? (If "YES," explain)
 Yes No

Do you have any motor vehicle convictions? (If "YES," explain)
 Yes No

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Branch of Service: _____

Describe your duties and any special training:

Period of active duty: (month and year)
 From _____ To _____ Rank at Discharge _____

U.S. Armed Forces Reserve Affiliation _____ Date of Final Discharge _____

We may contact the employers previously listed unless you indicate otherwise.

Employer	Reason
1. _____	_____
2. _____	_____

List below four individuals (not relatives) who know your character, ability and experience, of which at least two are business references. If you have supervisory experience, please list one direct report reference. (Reported to you.)

Indicate Relationship	Address (No., Street, City, State, Zip)	Telephone number

