



8670 Credit River Blvd ♦ Prior Lake, MN 55372

**Applying for:**

- |                        |             |
|------------------------|-------------|
| Pro Shop               | Kitchen     |
| Ranger/Starter         | Server      |
| Outside Service        | Host/Busser |
| Maintenance            | Bartender   |
| Outdoor Grill/Bev Cart |             |

**EMPLOYMENT APPLICATION**

First Name	Initial	Last Name	Social Security Number	Phone Number
Street		City	State	Zip
Date Of Birth				
Email Address				

**AVAILABILITY**

Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Expected Last Day to Work: \_\_\_\_\_

**EDUCATION**

High School/College	City, State	Phone Number	Teacher or Counselor	GPA	Current Grade	Year Graduated
Sports/Activities						

**REFERENCES**

List three school, business, or personal references that you give permission for us to contact. They should be not related to you.

Name	Telephone Number	Known How Long?	School*	Work*	Personal*

**WORK EXPERIENCE**

Start with your most recent employer. May we contact these employers \_\_\_\_\_ Yes \_\_\_\_\_ No

Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	
Company Name and Address	Position	Dates Employed	Ending Wage
	Supervisor	From	Reason for Leaving
	Supervisor's Telephone Number	To	

**IN CASE OF EMERGENCY NOTIFY**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I AUTHORIZE LEGENDS GOLF CLUB, LLC TO OBTAIN MY BACKGROUND REPORT, INCLUDING INVESTIGATIVE CONSUMER REPORTS. I ALSO AGREE THAT A COPY OF THIS FORM IS VALID LIKE THE SIGNED ORIGINAL. \_\_\_\_\_ INITIAL HERE

IN CONSIDERATION OF MY EMPLOYMENT I AGREE TO CONFIRM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONSIDERATIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT FOR THE EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING."

DATE \_\_\_\_\_ APPLICANT APPROVAL \_\_\_\_\_

**Legends Golf Club is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, the company does not discriminate against qualified individuals with disabilities.**

**Upon Employment Employee Acknowledgements:**

I understand that my employer is Legends Golf Club, LLC dba Legends Golf Club.  
I have received a paper or an electronic copy of the Legends Golf Club Employee Handbook and acknowledge its contents.  
I understand Legends Harassment and Electronic Data Policies as noted in the Handbook.  
I understand Legends Golf Club Employee Golf & Dining Policies as noted in the Handbook.  
I acknowledge Legends Golf Club Liquor Liability Minimum Expectations and that the Liquor and Tobacco minimum age is 21.  
I understand the Tip Reporting process and that it is my responsibility to report cash tips to my employer.  
I understand that my hourly pay rate is noted below and that I am eligible for overtime pay after 40 hours per week.  
I understand that pay periods are every 2 weeks Sunday through Saturday and paycheck dates are every other Friday.  
I agree to Legends Golf Club direct deposit of my paychecks in to the following account:

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Hiring Manager Use:**

References verified by: \_\_\_\_\_ or Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Department (1): \_\_\_\_\_ Department (2): \_\_\_\_\_ Department (3): \_\_\_\_\_

Position (1): \_\_\_\_\_ Position (2): \_\_\_\_\_ Position (3): \_\_\_\_\_

Hourly Wage (1): \_\_\_\_\_ Hourly Wage (2): \_\_\_\_\_ Hourly Wage (3): \_\_\_\_\_

**Manager signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Documents Required:**

2021 W-4  
I-9  
Passport or Drivers License & Birth Certificate or Social Security Card  
Social Security Card required if under age 18.

**For Office Use:**

**Employee User Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_ **Employee PIN:** \_\_\_\_\_