## Gallea Golf Properties, LLC Crosswinds Golf Club

Date:						
Your name (Fi	rst, Middle, Last):					
Street Address:City ST, Zip:						
Telephone:	ne:E-mail address:		Are you age 18 or older?			
Number of hours per week you would like to work:			Date you can start:			
List hours when you are available to work: MON:			TUE:		WED:	
THUR:	FRI:	SAT:	SUN:			
How often do	you use a computer (circle o	one): daily	weekly	seldom	never	
High School N		Did you graduate:				
College or Pos	st Secondary Name/City/Ma	jor or Degree:_	-			
Compa 1) 2)	(begin with your current of the graph of the			s From/To	Reason for Leaving	
3)						
Name	nces (List your supervisors Company		ends or fam bhone	20 (On 10 to	did you work for them	
2)			1.:	· · · · · · · · · · · · · · · · · · ·		
Are you prever	nted from lawfully becomin	ig employed in t	inis country t	oecause of visa	or immigration status?	
Have you ever	been convicted of a crime?	(If yes, briefly	explain on b	ack):		
any false infor	l the information submitted mation, omissions, or misre my employment may be ter	presentations ar	e discovered			
Signature:		Date:				