

EMPLOYMENT HISTORY

List your last 3 employers, assignments, or volunteer activities, **starting with the most recent**

Dates: From _____ To _____

Employer _____ Telephone(____) _____

Address _____

Supervisor _____

Job title and description _____

Rate of pay \$_____ per _____

Reason for leaving _____

May we contact for a reference? YES NO

Dates: From _____ To _____

Employer _____ Telephone(____) _____

Address _____

Supervisor _____

Job title and description _____

Rate of pay \$_____ per _____

Reason for leaving _____

May we contact for a reference? YES NO

Dates: From _____ To _____

Employer _____ Telephone(____) _____

Address _____

Supervisor _____

Job title and description _____

Rate of pay \$_____ per _____

Reason for leaving _____

May we contact for a reference? YES NO

EDUCATIONAL BACKGROUND

List the past 3 schools attended starting with the most recent. Indicate the number of years completed, degree earned, and major/minor field of study

_____	_____	_____	_____
SCHOOL	YEARS	DEGREE	MAJOR/MINOR
_____	_____	_____	_____
SCHOOL	YEARS	DEGREE	MAJOR/MINOR
_____	_____	_____	_____
SCHOOL	YEARS	DEGREE	MAJOR/MINOR

REFERENCES

Names and telephone numbers of three business/work references who are not related to you

_____	_____	_____
NAME	TELEPHONE NUMBER	YEARS KNOWN
_____	_____	_____
NAME	TELEPHONE NUMBER	YEARS KNOWN
_____	_____	_____
NAME	TELEPHONE NUMBER	YEARS KNOWN

List any professional trade, business, or civic associations and any offices held

_____	_____
ORGANIZATION	OFFICE HELD
_____	_____
ORGANIZATION	OFFICE HELD

List any special licenses, accomplishments, publications, awards, etc.

I certify that the facts contained in these references are true and complete to the best of my knowledge and understand that, if employed; falsified statements on these references shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

SIGNATURE OF APPLICANT _____ DATE ____ / ____ / ____

EMERGENCY CONTACT INFORMATION

In the event of a work injury, you have the right to be treated by your personal physician (defined as one who has previously directed your medical treatment and who retains your records and medical history), as long as you have notified your employer *in writing* prior to the date of injury.

If you want treatment for a work injury from your personal physician, fill in the information requested below.

Physician _____ Telephone number _____

Address _____
Street

City State Zip code

In the event of an emergency, whom should we contact?

Name _____ Relationship _____ Telephone number (_____) _____

Address _____
Street

City State Zip code



WENTWORTH
BY THE SEA
COUNTRY CLUB

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