



DEVIL'S HEAD RESORT

Application for Employment

S6330 Bluff Rd, Merrimac WI 53561 | (608) 493-2204 | www.devilsheadresort.com

Please print legibly. Incomplete or illegal applications will not be processed.

PERSONAL

Date	Last Name	First	Middle
Street Address			
City		State	Zip
Phone Number		E-Mail Address	
Have you previously been employed at Devils Head Resort? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? List Depts:			
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Proof of eligibility documents will be required.			
Are you at least 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, you will be required to provide authorization to work.			
Have any pending or past criminal charges or convictions? Yes <input type="checkbox"/> No <input type="checkbox"/> Only considered if substantially related to employment			

POSITION(S)

Position(s) Desired: All positions are seasonal unless noted otherwise. 1st Choice: 2nd Choice:							
Interest in: Part-time Golf Season <input type="checkbox"/> Ski Season <input type="checkbox"/>				Fulltime Golf Season <input type="checkbox"/> Ski Season <input type="checkbox"/>			
Days/Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
Certain positions may require you to drive a company vehicle. Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>							

EDUCATION

School	Name and Location of School	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma
High School					
College / Tech					
Other					

WORK EXPERIENCE

Please list your employment history beginning with current or most recent employer.			
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> May we contact your current/previous employers? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer's Name		Phone Number	
Employer's Address		Employed From:	To:
Supervisor's Name		Reason for leaving:	
Job Title and Duties		Starting Wage	Ending Wage

