

Happy Hollow Club

Employment Application

1701 South 105th Street
 Omaha, NE 68124-1014
 Phone: 402.391.2341
 Fax: 402.391.5860



Happy Hollow Club is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

PERSONAL INFORMATION

Date: _____

Name: _____
First Middle Last

Present Address: _____
Street Apt# City State Zip

Permanent Address: _____
Street Apt# City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Please list any relative employed by Happy Hollow Club: _____

How were you referred? _____
How did you hear about the position? Please provide reference name if applicable. Indeed Happy Hollow Website
 Other _____

Have you ever WORKED at Happy Hollow before? Yes No Position/Area: _____

Have you ever APPLIED at Happy Hollow before? Yes No Date Applied: _____ Position Applied for: _____

EMPLOYMENT DESIRED

Position(s): _____ Date You Can Start _____ Salary Desired _____

Days & Times Available: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
Are you available to work most major holidays? Yes No Comments: _____

Are you Currently Employed? Yes No If yes, may we contact your current Employer? Yes No Phone: _____

EDUCATION:	Name/Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied & Degree(s) Received
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Other School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Subjects of special study, research work, or other educational experience: _____

List Foreign Languages: (speak) _____ (read) _____ (write) _____

Other Comments? _____

Employment Application *(continued - Page 2)*

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FORMER EMPLOYERS

List below your last FOUR employers. Please list them starting with the most recent:

Month/Year	Employer Name, Contact and Phone #	Salary	Position/Title	Reason for Leaving
1 From: To:				
2 From: To:				
3 From: To:				
4 From: To:				

REFERENCES

List below the names of THREE persons NOT RELATED to you, whom you have known at least one year:

Name	Phone #	Business	Relationship	Years Acquainted
1				
2				
3				

PHYSICAL RECORD

Do you have any physical condition which may limit your ability to perform the job applied for? _____

In case of emergency, please notify: _____
Name Address Phone #

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is caused for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ Signature: _____ Print Name: _____

THIS AREA RESERVED FOR USE BY THE CLUB ONLY

For Position: _____ Will Report: _____ Wage: _____

Approved: _____ NOTES: _____