

LONGVIEW TENNIS CLUB

Summer Employment Application

Please return by mail to Duluth Friends of Tennis, PO Box 3426, Duluth, MN 55803



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Longview is open Memorial Day to Labor Day	Earliest Date Available _____	to	Last Date Available _____
Position Applied for (check all that apply)	Clubhouse staff _____ *Clubhouse required to work some weekends	On-court instructor _____	Either/both _____ Jr. Team Coordinator _____
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for Longview?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____ In what capacity? _____

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES – PLEASE LIST THREE:	
Full Name	Relationship
	Phone ()
Full Name	Relationship
	Phone ()
Full Name	Relationship
	Phone ()

PLEASE DESCRIBE YOUR PREVIOUS TENNIS EXPERIENCE (PLAYING, TEACHING, COACHING, ETC)

WHY DO YOU WANT TO WORK AT LONGVIEW?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date