

# MECHANIC

## EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

PLEASE COMPLETE THIS QUESTIONNAIRE AND RETURN TO:  
**MINNESOTA GOLF COURSE SUPERINTENDENTS' ASSOCIATION**  
**P. O. BOX 617, WAYZATA, MN 55391**

Direct: 952-473-2582 Toll Free: 1-800-642-7227 Fax: 952-473-2586 E-mail: scott@mgcsa.org

Title of position: \_\_\_\_\_ Date Available: \_\_\_\_\_

Course Name: \_\_\_\_\_

Contact person regarding this position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Publish the following when posting: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail

Personal requirements for Applicant:

\_\_\_ Education and Training: \_\_\_\_\_

\_\_\_ Previous Golf Course Experience: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Salary Bracket: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Benefits:

|                                   |                              |  |
|-----------------------------------|------------------------------|--|
| ___ MGCSA dues paid               | ___ GCSAA dues paid          | ___ Regional Seminar Expenses          |
| ___ Club-paid Health Insurance    | ___ Club-paid Life Insurance | ___ Paid Annual Vacation / _____ days  |
| ___ Pension Plan                  | ___ Vehicle Provided         | ___ Paid Sick Leave / _____ days       |
| ___ House on or near Club Grounds | ___ Housing Allowance        | ___ Furnished House                    |
| ___ House Utilities Paid          | ___ Transportation Allowance | ___ GCSAA National Conference Expenses |

Duties:

|                             |                         |                                    |
|-----------------------------|-------------------------|------------------------------------|
| ___ Golf Course Maintenance | ___ Golf Course Budget  | ___ Purchasing Responsibility      |
| ___ Clubhouse Lawns         | ___ Flower Gardens      | ___ Maintenance of Golf Cart Fleet |
| ___ Trees and Shrubbery     | ___ Plant Nursery       | ___ Tennis Court Maintenance       |
| ___ Bowling Green           | ___ Polo Grounds        | ___ Clubhouse Building Maintenance |
| ___ Recreation Area         | ___ Utilities Operation | ___ Pro Shop Management            |
| ___ Greenhouse              | ___ Club Management     | ___ Swimming Pool Operations       |

\_\_\_ Other: \_\_\_\_\_

The Assistant Superintendent is directly responsible to: \_\_\_\_\_ Title at course: \_\_\_\_\_

Course Characteristics:

\_\_\_ Private membership \_\_\_ Semi-private/daily fee \_\_\_ Public \_\_\_ Municipal \_\_\_ Resort

\_\_\_ 45 holes \_\_\_ 36 holes \_\_\_ 27 holes \_\_\_ 18 holes \_\_\_ 9 holes \_\_\_ Driving Range

Course yardage: \_\_\_\_\_

Course Grass Types: Greens: \_\_\_\_\_ Tees: \_\_\_\_\_ Fairways: \_\_\_\_\_

Irrigation System: \_\_\_ Automatic \_\_\_ Semi-Automatic \_\_\_ Manual

Anticipated Maintenance Budget: \_\_\_\_\_

Will club pay travel expenses to interviewed applicants? \_\_\_ Yes \_\_\_ No

Application deadline: \_\_\_\_\_

Additional Information: