



MOHAWK GOLF CLUB
1849 Union Street
Schenectady, New York 12309
518-374-9121

NAME _____ DATE _____
First Middle Last

ADDRESS _____
Street City State Zip

HOME PHONE _____ CELL _____

EMAIL ADDRESS _____

POSITION DESIRED _____ Full time Part time

RATE OF PAY EXPECTED _____ WHEN CAN YOU WORK: _____

RECORD OF EDUCATION:

HIGH SCHOOL _____
Name of School City/State

Did you receive a diploma? Yes No

COLLEGE _____
Name of School City/State

Did you receive a diploma? Yes No If yes, degree _____

OTHER (PLEASE SPECIFY) _____

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST):

Company Name City/State Position Dates

Name of Supervisor Phone #

Company Name	City/State	Position	Dates
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Name of Supervisor	Phone #
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Company Name	City/State	Position	Dates
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Name of Supervisor	Phone #
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REFERENCES:

Please give us the names and current telephone numbers of two (2) of your past employers who can give us an accurate perspective of you as a potential employee in our club. We agree NOT to contact your present employer without your prior approval.

1) _____
Name Address Telephone Number

2) _____
Name Address Telephone Number

I understand that any omission fact in this application may result in refusal in of or separation from employment. I hereby authorize the organization to make any investigation of my background deemed necessary. I understand that reference checks will be conducted by the organization or its agents. I further understand that employment is the mutual consent of the employee and the organization; consequently, either the employee or the employer can terminate the employment relationship at will, for any reason, at any time, with or without cause or advance notice.

I understand I must submit documentation to the organization verifying my eligibility to work in the United State as required by the Federal Immigration and Control Act of 1986. I further understand that submission of said documents must be made within 72 of being hired.

Signature of Applicant

Date

Thank you for your interest in the Mohawk Golf Club!