



# Cooperstown Country Club

## Application for Employment

**Instructions:** Please print and complete all questions. If you need additional space for your responses below, use the comments/other accomplishments section of this application. Please submit to: info@cooperstowncc.com - PO Box 327, Cooperstown NY 13327 - 607-547-9211

### Applicant Identification

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First Middle  
 How were you referred to CCC \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street \_\_\_\_\_  
 Social Security No: \_\_\_\_\_  
 City State Zip  
 Phone: \_\_\_\_\_ Are you over 18 years of age?  Yes  No  
 Home Business  
 Are there any other names under which your employment or educational records, references, and other information in the application maybe verified?  
 If so, list \_\_\_\_\_  
 If hired, can you furnish proof that you are either a U.S. citizen, or otherwise legally permitted to work in the U nited States?  Yes  No

### Type of Employment Desired

Preferred Position: \_\_\_\_\_ Date you could begin working: \_\_\_\_\_  
 Applying for:  Full Time  Part Time / Hours: \_\_\_\_\_  Temporary \_\_\_\_\_

**Education:** Your educational record will be considered only to the extent that it is relevant to the job sought.

Name and Address of High School	Academic Major		GPA			
_____	_____	_____	_____	_____		
Name and Address of Colleges or Trade Schools (Including Military Schools):	From (MM/YY)	To (MM/YY)	Academic Majors	GPA	Degree	Date (MM/YY)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Extracurricular Activities and Scholarships:** List those extracurricular activities and scholarships which you believe are related to the position for which you are applying. (You may exclude those that may suggest race, religious creed, sex, marital status, age, color, national origin, citizenship, or disability.)

\_\_\_\_\_  
 \_\_\_\_\_

**Life Guard Certification:** If you are applying for a lifeguard position, please list your certification and the expiration date of your certification.

\_\_\_\_\_  
 \_\_\_\_\_

**Instructions:** Please print and list every position that you have held for the past ten years starting with your most recent position. (Account for all periods or unemployment.) If you require additional space to detail your employment history, please request an Employment History Attachment form.

**Employment Background:** Present or most recent employer:

May we contact your present employer for a reference :

Yes  No

Employer: \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State /Zip

Name and Title of Supervisor: \_\_\_\_\_

Your current of last position and duties \_\_\_\_\_

Your starting position and Duties : \_\_\_\_\_

Other compensation (give detail on current commissions, incentives, bonuses, etc.): \_\_\_\_\_

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

Employed From ( MM /YY):

Employed To (MM/YY):

Total Months : \_\_\_\_\_

Starting Base Pay: \_\_\_\_\_

Ending Base Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employment Background:** Present or most recent employer:

Employer: \_\_\_\_\_

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

Address \_\_\_\_\_  
Street City/State /Zip

Employed From (MM/ YY):

Name and Title of Supervisor: \_\_\_\_\_

Employed To (M M/YY):

Your current of last position and duties \_\_\_\_\_

Total Months : \_\_\_\_\_

Starting Base Pay: \_\_\_\_\_

Your starting position and Duties: \_\_\_\_\_

Ending Base Pay: \_\_\_\_\_

Other compensation (give details): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employment Background:** Present or most recent employer:

Employer: \_\_\_\_\_

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

Address \_\_\_\_\_  
Street City/State/Zip

Employed From (MM/YY):

Name and Title of Supervisor: \_\_\_\_\_

Employed To (MM/YY):

Your current of last position and duties \_\_\_\_\_

Total Months : \_\_\_\_\_

Starting Base Pay: \_\_\_\_\_

Your starting position and Duties: \_\_\_\_\_

Ending Base Pay: \_\_\_\_\_

Other compensation (give details): \_\_\_\_\_

Reason for Leaving : \_\_\_\_\_

**References:** List individuals who can attest to your professionalabilities/work accomplishments. ( Do not include individuals listed in **Employment Background** section.)

Name:	Address:	Business Phone:	Reference's Position or Relationship to You:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Application For Employment

## Employment History Attachment

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**Employment Background:** Present or most recent employer:

Employer: _____	Phone: _____
Address _____	Employed From (MM/YY): _____
Street	
City/State/Zip	
Name and Title of Supervisor: _____	Employed To (MM/YY): _____
Your current of last position and duties _____	Total Months: _____
_____	Starting Base Pay: _____
Your starting position and Duties: _____	Ending Base Pay:: _____
_____	Reason for Leaving: _____
Other compensation (give details): _____	_____

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**Employment Background:** Present or most recent employer:

Employer: _____	Phone: _____
Address _____	Employed From (MM/YY): _____
Street	
City/State/Zip	
Name and Title of Supervisor: _____	Employed To (MM/YY): _____
Your current of last position and duties: _____	Total Months: _____
_____	Starting Base Pay: _____
Your starting position and Duties: _____	Ending Base Pay:: _____
_____	Reason for Leaving: _____
Other compensation (give details): _____	_____

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Employer: _____	Phone: _____
Address _____	Employed From (MM/YY): _____
Street	
City/State/Zip	
Name and Title of Supervisor: _____	Employed To (MM/YY): _____
Your current of last position and duties _____	Total Months: _____
_____	Starting Base Pay: _____
Your starting position and Duties: _____	Ending Base Pay:: _____
_____	Reason for Leaving: _____
Other compensation (give details): _____	_____

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Employer: _____	Phone: _____
Address _____	Employed From (MM/YY): _____
Street	
City/State/Zip	
Name and Title of Supervisor: _____	Employed To (MM/YY): _____
Your current of last position and duties _____	Total Months: _____
_____	Starting Base Pay: _____
Your starting position and Duties: _____	Ending Base Pay:: _____
_____	Reason for Leaving: _____
Other compensation (give details): _____	_____

Do you have relatives employed by Cooperstown Country Club?

No

Yes

If yes, give name(s):

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Have you ever been convicted of a felony (using your current name or under any other name?)

No

Yes

If yes, explain below (Include full name under which you were convicted. Conviction will not necessarily disqualify an applicant from employment.):

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**EEO Policy**

CCC maintains a policy of non-discrimination for all employees and applicants in every facet of the company 's operations. In compliance with federal and state laws, CCC hires, trains, and promotes all qualified employees without unlawful discrimination on the basis of race, color, sex, age, religious creed, marital status, citizenship, national origin, or disability. This policy also applies to disabled veterans of the Vietnam Era.

**Certifications**

I understand and agree that this application is not a contract and that acceptance of employment is not a contract of employment for a specified term. I understand and agree that I may resign my employment with CCC at any time for any reason, and that my reason, and that my employment may be terminated at the will of CCC at any time for any reason. I also understand that any handbooks, manuals, policies, and procedures maintained by CCC are not contractual in nature and may be amended or abolished at the sole discretion of CCC at any time.

Further, should I become an employee of CCC, I will adhere to CCC's Code of Ethics and Standards of Conduct, will report all suspected violations of law related thereto, and will conduct the company's business in a strictly ethical and legal manner.

I certify that I have read, understand and will adhere to the aforementioned statements.

I also certify that the information furnished in this application and any supporting documents is true and complete to the best of my knowledge and belief and I understand that any misrepresentation or omission of material fact on this or any record submitted pertinent to employment will constitute grounds for immediate dismissal.

Signature of Applicant:

Date:

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