

EDUCATION and CERTIFICATIONS

	Institution	Dates	Course of Study/ Degree/ Certification
High School			
College or Other			
First Aid			

WORK EXPERIENCE

Employer	
Position held	
Dates of employment	
Responsibilities	
Supervisor's name	
Telephone number	

Employer	
Position held	
Dates of employment	
Responsibilities	
Supervisor's name	
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WORK EXPERIENCE con't

Employer	
Position held	
Dates of employment	
Responsibilities	
Supervisor's name	
Telephone number	

PROFESSIONAL/ SCHOLASTIC REFERENCES

Name	Title	Telephone	Relationship

How familiar are you with the Adirondack Mountain Club (ADK) and why are you interested in working for the organization?

What skills, interests and experiences do you feel qualify you for this position?

Describe any employment or volunteer experiences that demonstrate your commitment to customer/ public service.

Would you be available for a personal interview in Lake Placid, NY?

- Yes No

By submitting this application I understand that any omission or misrepresentation of material fact in this application may result in refusal or a separation from employment. I hereby authorize the Adirondack Mountain Club, Inc. to make any investigation of my background deemed necessary.

Signature

Date

Submit completed application on-line or mail to:

Adirondack Mountain Club, Inc.

North Country Operations
Administrative Coordinator
P.O. Box 867
Lake Placid, NY 12946
Phone: 518-523-3480
Fax: 518-523-3518
E-mail: ncadmin@adk.org
Web site: www.adk.org

Adirondack Mountain Club

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Lake Placid, NY 12946