



Application for Employment

An Equal Opportunity Employer

Each question should be answered completely. No action will be taken on this application until all questions have been answered. **DO NOT** substitute "See Resume" for information requested on the application form. **PLEASE PRINT**, except for the required signature. All information provided will be available only to persons who have a "need to know" or as required by law. The Chamber will make reasonable accommodation in the application and interview process for any disabled applicant who may need it. This application is valid **ONLY** for the position listed below.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

NAME (Print) _____ TODAY'S DATE _____
Last First Initial

PRESENT ADDRESS _____
No. Street City State Zip

PHONE _____
Day Evening

Position applied for? _____ When are you available for employment? _____

Which type of employment are you seeking: Full-time _____ Part-time _____

Have you ever been previously employed by the Chamber? Yes _____ No _____

If Yes, give dates employed and reason for leaving:

RECORD OF EMPLOYMENT

1. Name of Current / Most Recent Employer		Address	Telephone	Type of Business
Dates Employed		Reason for Leaving	Supervisor's Name and Title	
From	To			
Mo. Yr.	Mo. Yr.			
List the jobs you held, duties performed, skills used or learned, advancements or promotions.				

May we contact your current employer? Yes _____ No _____

2. Name of Next Previous Employer		Address	Telephone	Type of Business
Dates Employed		Reason for Leaving	Supervisor's Name and Title	
From	To			
Mo. Yr.	Mo. Yr.	List the jobs you held, duties performed, skills used or learned, advancements or promotions.		

3. Name of Next Previous Employer		Address	Telephone	Type of Business
Dates Employed		Reason for Leaving	Supervisor's Name and Title	
From	To			
Mo. Yr.	Mo. Yr.	List the jobs you held, duties performed, skills used or learned, advancements or promotions.		

4. Name of Next Previous Employer		Address	Telephone	Type of Business
Dates Employed		Reason for Leaving	Supervisor's Name and Title	
From	To			
Mo. Yr.	Mo. Yr.	List the jobs you held, duties performed, skills used or learned, advancements or promotions.		

Have any of your prior employers ever disciplined you, including but not limited to, a written warning, suspension, demotion, or termination of your employment? If so, please explain **each** incident by providing the date of occurrence, disciplinary action taken, facts surrounding the action (e.g., specific policy violation or performance issue), and the name of the employer. If you need additional space, please continue on a separate piece of paper. It is critical that the applicant be upfront in his or her response so that the Chamber can assess the significance of the prior action. Failure to provide full disclosure may result in disqualification from employment consideration, or if hired, termination.

- * _____
- * _____
- * _____
- * _____

Are you over 18 years of age? Yes _____ No _____

Are you authorized to work in the United States? Yes _____ No _____
(Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Positions Only: Do you have a valid driver's license? Yes _____ No _____

License Number and State Issued: _____

EDUCATION (Circle last year completed)

SCHOOL

MAJOR

High School	1	2	3	4	_____	_____
College	1	2	3	4	_____	_____
Other job-related education					_____	_____

If you are an experienced operator of any position-related business/plant machines or equipment, please list:

Other job-related skills:

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, and that such information may be developed through personal interviews with third parties. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Chamber to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Chamber. I hereby release and hold the Chamber harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without material omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.**

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Date

Signature of Applicant