



Employment Application

Position Applied for _____ Application Date _____

Personal Information

Name: _____

Last

First

MI

Address: _____

Street

City

State

Zip

Home phone #: _____ Alternate #: _____

Social Security Number: _____

Are you available to work: Full time Part-time _____

If you are under 18 years of age, can you provide required proof of work eligibility? Yes No

Have you ever worked or submitted an application with this agency before? Yes No If yes, when _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you eligible to work in the United States? (Proof of eligibility will be required upon employment) Yes No

Have you ever been convicted of a crime, excluding misdemeanors? (If yes, attach explanation.) Yes No

Do you have a reliable means of transportation? Yes No

Have you ever been discharged from any employment or been asked to resign?

(If yes, attach explanation.) Yes No

Are you bound by any agreement(s) (including signing a non-competition, non-disclosure, or non-piracy agreement) that would limit your ability to work for the agency?

(If yes, attach copy to this application.) Yes No

Employment (Start with most recent employment and work backwards)

Employer	Telephone Number
Full Address (Street, City, State & Zip)	
Supervisor's Name & Title	
Employment Start Date	Employment End Date
Ending Compensation	Reason for Leaving
Describe work performed	
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Employer	Telephone Number
Full Address (Street, City, State & Zip)	
Supervisor's Name & Title	
Employment Start Date	Employment End Date
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Employer	Telephone Number
Full Address (Street, City, State & Zip)	
Supervisor's Name & Title	
Employment Start Date	Employment End Date
Ending Compensation	Reason for Leaving
Describe work performed	
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Education

Name of School	Address of School	Grade Completed or Degree(s)	Subjects Studied

Software / Applications (Check all that apply)

Software / Applications	Skill Level	Version
Microsoft Word	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Microsoft Excel	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Microsoft PowerPoint	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Microsoft Outlook	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Quick Books: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Social Media: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Constant Contact: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Other: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____

References (Please include at least two business and one personal references.)

Name	
Company Name	
Full Address	
Phone #	
Occupation	
Relationship	

Name	
Company Name	
Full Address	
Phone #	
Occupation	
Relationship	

References Continued

Name	
Company Name	
Full Address	
Phone #	
Occupation	
Relationship	

Name	
Company Name	
Full Address	
Phone #	
Occupation	
Relationship	

Additional Experience or Qualifications

List any other experience, skills or qualifications that you believe should be considered in evaluating your qualifications for employment.

Notification and Agreement (Please read before signing)

It is Imperial Chamber of Commerce's policy to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status or sexual orientation, individuals with a disability, or any other characteristic protected by applicable Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from liability anyone supplying such information and I also release the Imperial Chamber of Commerce from all liability that might result from making an investigation.

If employed, I agree to not engage in any outside activity that would involve a material conflict of interest with, or could reflect adversely on the Imperial Chamber of Commerce. I understand that the Imperial Chamber of Commerce Board of Directors retains the right to solely decide when such conflict exists.

If employed, I agree to hold in strictest confidence any information concerning the Imperial Chamber of Commerce, its memberships and any related businesses that may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the Imperial Chamber of Commerce, and understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either Imperial Chamber of Commerce Board of Directors or myself. I understand that no representative of the Imperial Chamber of Commerce has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of this employment application does not guarantee that I have been employed by the Imperial Chamber of Commerce.

AUTHORIZATION FOR BACKGROUND CHECK

I, _____, hereby authorize the Imperial Chamber of Commerce to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Imperial Chamber of Commerce will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Signed _____

Date _____