



An Equal Opportunity Employer Employment Application

Please Print

Date _____

Name _____
Last First Middle

Business Telephone (____) _____ Home Telephone (____) _____

Social Security Number _____ - _____ - _____

CA Drivers License Number _____ Expiration Date _____

Present Address _____
No. Street City State Zip

Permanent Address if different from present address

_____ No. Street City State Zip

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?..... Yes ___ No ___

Regular part-time work?..... Yes ___ No ___

Temporary work, e.g., summer or holiday work?..... Yes ___ No ___

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From _____

Are you available for work on weekends?..... Yes ___ No ___

Would you be available to work overtime, if necessary? Yes ___ No ___

If hire, on what date can you start work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for the Taft Chamber of Commerce before?... Yes ___ No ___

If yes, when? _____

Do you have any friends or relatives working for the Taft Chamber of Commerce?Yes ___ No ___

If yes, state names(s) and relationship _____

Why are you applying for work at the Taft Chamber of Commerce? _____

If hired, would you have a reliable means of transportation to and from work?Yes ___ No ___

Are you at least 18 years old?Yes ___ No ___
(If under 18, hire is subject to verification that you are of minimum legal age and/or work permit.)

If hired, can you present evidence of U.S. Citizenship or proof of your legal right to live and work in this country?Yes ___ No ___

Are you able to perform the essential functions of the job for which you are applying?Yes ___ No ___

If no, describe the functions that cannot be performed _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying?Yes ___ No ___

If no, describe the functions that cannot be performed _____

(Note: Hire may be subject to passing a medical examination, and skill agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)Yes ___ No ___

If yes, state nature of the crime(s), when and where convicted and disposition of the case _____

Are you currently employed?Yes ___ No ___

If so, may we contact your current employer?Yes ___ No ___

Education, Training and Experience

<i>School</i>	<i>Name and Address</i>	<i>No. of years Completed</i>	<i>Did you Graduate?</i>	<i>Degree or Diploma</i>
High School			Yes ___ No ___	
College/University			Yes ___ No ___	
Vocational/Business			Yes ___ No ___	

Some of our customers (clients) do not speak English. Do you speak, write, or understand any foreign languages?Yes ___ No ___

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at the Taft Chamber of Commerce? If so, please explain.

Activities: (Civic, Athletics, Etc.)

Please list any clubs, or organizations, which you have been involved in.

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

(Note: Attach additional page(s) if necessary.)

Military Service

Have you obtained any special skills or abilities as the result of service in the military?....Yes ___ No ___

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the Taft District Chamber of Commerce to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Taft District Chamber of Commerce any and all letters, reports and other information related to my work records, without giving me prior notice of each disclosure. In addition, I hereby release to the Taft District Chamber of Commerce, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written

_____ I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the Taft District Chamber of Commerce and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Taft District Chamber of Commerce, and that no promises or signed by me and the company's designated representative.

Date _____ Applicant's Signature _____

Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely *voluntary*, and all information will remain confidential and will *not* affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will *not* become part of your personnel record if you are hired by this company.

Name: _____

Sex: Male Female

Race/Ethnicity: American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

To be completed by employer:

EEO-1 Category: 1. Officials and managers 6. Crafts - skilled
 2. Professionals 7. Operatives - semi-skilled
 3. Technicians 8. Laborers - unskilled
 4. Sales 9. Service workers
 5. Office and clerical

Employer information completed by:

Name _____ Date _____