

**PERSONAL INFORMATION** *Incomplete information could disqualify you from further consideration.*

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_ Hourly Rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you legally eligible to work in the U.S?  Yes  No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  Yes  No

Have you ever been convicted of a crime other than minor traffic offense?  
*Answering "Yes" does not constitute an automatic bar to employment. Such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.*  Yes  No

If yes, please provide details (dates and location for all convictions) \_\_\_\_\_

Can you work any shift and possible overtime, including weekends?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

**REFERRAL SOURCE**

How did you hear about us?  Walk In  Advertisement  Referral  Other

Have you worked for this company before?  Yes  No If yes, dates and position? \_\_\_\_\_

Do you know anyone who works for our company?  Yes  No If yes, who? \_\_\_\_\_

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

**EMPLOYMENT HISTORY** Include your last four (4) employers (include periods of unemployment, if applicable) start with the most recent and work backwards in time. *Incomplete information could disqualify you from further consideration.*

May we contact your current employer?  Yes  No

From	To	Employer Name	Telephone ( )
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

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Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
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From	To	Employer Name	Telephone ( )
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying: \_\_\_\_\_

**PROFESSIONAL REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

**Please read carefully before signing.**

The Indiana Chamber of Commerce is an equal opportunity employer and does not discriminate in employment on the basis of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation to hire me. If I am hired, I understand that either the Indiana Chamber of Commerce or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Chamber has the authority to make any assurance to the contrary.

I authorize the employer, its representatives, employees, or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions provided for employment reference checks and to otherwise verify the accuracy of all information provided by me. I hereby waive all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking gathering and using such information in the employment process and all other persons corporations or organizations for furnishing such information about me.

I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. If any information I have provided is false, incomplete, has been misrepresented or concealed, I understand that this will constitute cause for the denial of employment or immediate dismissal regardless of the date of discovery.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

***THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.***