

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFOR	MATION Incom	plete information could disqualif	y you f	from further conside	ration.					
Name					Date					
Address										
		Street		City	/		State/Zip			
Home Phone #				Mobile Ph	none #					
E-mail Address										
EMPLOYMENT DES	SIRED									
Date you can start Hourly Rate/Salary desired										
Position desired _										
Are you legally eligible	e to work in the	U.S?		Yes			J No			
Are you at least 18 ye	ears or older?(/	f no, you may be required to pro	vide a	uthorization to work	r.)		Yes		No	
Have you ever been convicted of a crime, other than minor traffic offense, that has not been expunged from your record? 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	l 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			No	If yes, dates	•					
Do you know anyone			Yes	□ No	If yes, who?					
EDUCATION	Name a	nd location of school		No. of yrs. Attended	Degree Received		Subject studied/l		r	
High School			[
College or University										
Trade, Business or Correspondence School										
30.1001										
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? No										
From		Employer Name				elepho				
Job Title Address)					
Immediate supervisor	and title	Summarize the nature of work performed and job responsibilities								
				· · · · · · · · · · · · · · · · · · ·						
Reason for leaving			Hourly Rate/Salary							

From	То	Employer	-	Telephone				
		1 ,	(()				
Job Title		Address						
Immediate supe	rvisor and title	Summarize the nature of work performed and job responsibilities						
Reason for leavi	ing		Hourly Rate	e/Salary				
From	То	Employer		Telephone ()				
Job Title		Address						
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities						
Reason for leavi	ing		Hourly Rate	ate/Salary				
From	То	Employer Name		Telephone ()				
Job Title		Address	<u> </u>	<u> </u>				
Immediate supe	rvisor and title	Summarize the nature of work performed and job responsibilities						
			•					
Reason for leavi	ina		Hourly Rate	ate/Salary				
PROFESSIONA	AL REFERENCES	Give the names of three persons not related to you, whom you	have known at	least three (3) years.				
Na	ame	Address, Phone, Email	Company	Years Acquainted				
1								
2								
3								
Please read ca	refully before sign	ning.						
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								