

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