



Chamber of Commerce

# Shiner Chamber of Commerce

Received By: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, gender, age, national origin, handicap, veteran status or any other legally protected status.

PLEASE INDICATE POSITION APPLYING FOR HERE: \_\_\_\_\_

LAST	FIRST	MIDDLE	DATE
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STREET ADDRESS	HOME TELEPHONE
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CITY, STATE, ZIP	BUSINESS TELEPHONE
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EMAIL:	CELL PHONE NUMBER
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SOCIAL SECURITY NUMBER:	SALARY EXPECTED: \$ _____ PER _____
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CHECK ALL TYPES OF WORK YOU WILL ACCEPT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	WILL YOU WORK OVERTIME IF ASKED: <input type="checkbox"/> YES <input type="checkbox"/> NO
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ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN WILL YOU BE AVAILABLE TO BEING WORK?
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HAVE YOU EVER BEEN CONVICTED OF ANY CRIMES IN THE PAST, EXCLUDING CLASS C MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAVE NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? (A CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT AND WILL BE A FACTOR IN THE EMPLOYMENT DECISION ONLY IF THE CRIME IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.)

YES       NO      IF YES, DESCRIBE IN FULL: \_\_\_\_\_

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## EDUCATION, TRAINING, AND SKILLS

DO YOU HAVE A HIGH SCHOOL DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO	DIPLOMA OR G.E.D. CERTIFICATE RECEIVED FROM: _____ CITY/STATE: _____
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COLLEGE, POST GRADUATE, TECHNICAL, OR VOCATIONAL SCHOOL: \_\_\_\_\_

Name	Location	Course of Study	Years Completed	Degree Received

Describe any other specialized training, apprenticeships, etc.

List any foreign language(s) and check the box that best describes your skill level:

Language	Read & Write	Read & Speak	Read Only	Speak Only
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SKILLS:**

The following space is provided for other information concerning special training, interests, career goals, or any other data you wish to provide.

Software Proficiency	<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Other Word Processing program: <input type="checkbox"/> Excel <input type="checkbox"/> Desktop Publisher <input type="checkbox"/> Microsoft Office
Equipment	<input type="checkbox"/> Standard Business copier(s) <input type="checkbox"/> Calculator/10 Key (by touch) <input type="checkbox"/> Other Equipment, specify _____ <input type="checkbox"/> Typing words per minute _____
Other job related skills: _____	

**EMPLOYMENT HISTORY**

Beginning with the most recent, list all employment for the past five (5) years. Attach additional sheets, if needed. ALL APPLICABLE BLANKS MUST BE COMPLETED. RESUMES MAY NOT BE SUBMITTED IN PLACE OF EMPLOYMENT HISTORY, but may be attached as a supplement to your application.

If employment was under a different name, indicate name:

Employer:	Phone:
Position Held:	Employment Dates:
Address:	City/State/Zip
Supervisor Name:	Salary: \$ _____ per _____
Type of Business:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of duties:	
Reason for leaving:	

Employer:	Phone:
Position Held:	Employment Dates:
Address:	City/State/Zip
Supervisor Name:	Salary: \$ _____ per _____
Type of Business:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of duties:	
Reason for leaving:	

Employer:	Phone:
Position Held:	Employment Dates:
Address:	City/State/Zip
Supervisor Name:	Salary: \$ _____ per _____
Type of Business:	May we contact this employer?      Yes      No
Brief description of duties:	
Reason for leaving:	

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," in which branch?
	Describe any training received relevant to the position for which you are applying:	

<b>PERSONAL REFERENCES</b>	
List three people whom you have known for at least three years - Do not include relatives or former employers.	
Full Name:	Relationship:
Address:	Phone Number:
City, State, Zip Code	
How long have you known this person:	
Full Name:	Relationship:
Address:	Phone Number:
City, State, Zip Code	
How long have you known this person:	
Full Name:	Relationship:
Address:	Phone Number:
City, State, Zip Code	
How long have you known this person:	

<p><b>Additional Information</b></p> <p>Membership in professional and civic organizations, special accomplishments, awards, etc.</p>

**IF YOU ARE HIRED BY THE SHINER CHAMBER OF COMMERCE, YOU WILL BE REQUIRED TO ATTEST TO YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY, AND TO PRESENT DOCUMENTS CONFIRMING YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY. YOU CANNOT BE HIRED IF YOU CANNOT COMPLY WITH THESE REQUIREMENTS.**

### **AUTHORIZATION**

***PLEASE READ CAREFULLY BEFORE SIGNING!***

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Shiner Chamber of Commerce.

I understand that any employment is conditioned on a background check. I authorize the Shiner Chamber of Commerce to thoroughly investigate all statements contained in my application or resume, and I authorize my former employer(s) and references to disclose information regarding my former employment, character and general reputation to the Chamber, without giving me prior notice of such disclosure. In addition, I release the Chamber, any former employer(s) and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation of disclosure.

**I understand and agree that nothing contained in this application, or conveyed during my interview if one is held, is intended to create an employment contract.** I further understand and agree that if I am hired, my employment will be “at will” and without a fixed term, and may be terminated at any time, with or without cause and without prior notice and/or at the option of either myself or the Shiner Chamber of Commerce. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Shiner Chamber of Commerce unless made in writing and signed by all parties concerned.

I understand that filling out this form does not obligate the Chamber to hire. If hired, I agree to abide by all Chamber work rules, policies, and procedures. The Chamber retains the right to revise its policies and/or procedures, in whole or in part, at any time.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Hired?    Yes    No

Date of Employment: \_\_\_\_\_

Department: \_\_\_\_\_

Rate of pay: \_\_\_\_\_