

# Quincy Chamber of Commerce

## Application for Employment

An equal Opportunity Employer

Please read the following instructions and applicable job announcement carefully before completing this application. Type or neatly print your application. All sections **MUST** be answered completely and accurately. An incomplete application may disqualify you.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Are you legally authorized to work in the United States? YES  NO

Have you ever worked for a Chamber of Commerce? YES  NO  If yes, when? \_\_\_\_\_

Valid CA Driver's License: YES  NO  Driver License #: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please provide three (3) professional references. References must be 21 years of age who have known you for more than one year and are not related to you by blood or marriage.

Full Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Full Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Full Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

## Previous Employment

Company:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Address:

\_\_\_\_\_

Supervisor:

\_\_\_\_\_

Job Title:

\_\_\_\_\_

Responsibilities:

\_\_\_\_\_

From:

\_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

May we contact your previous supervisor for a reference?

YES

NO

Company:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Address:

\_\_\_\_\_

Supervisor:

\_\_\_\_\_

Job Title:

\_\_\_\_\_

Responsibilities:

\_\_\_\_\_

From:

\_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

May we contact your previous supervisor for a reference?

YES

NO

Company:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Address:

\_\_\_\_\_

Supervisor:

\_\_\_\_\_

Job Title:

\_\_\_\_\_

Responsibilities:

\_\_\_\_\_

From:

\_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

May we contact your previous supervisor for a reference?

YES

NO

## Disclaimer and Signature

- *The policy of the Quincy Chamber of Commerce is to make reasonable accommodations to the needs of the job applicants & employees who are disabled individual. Please notify us if special arrangements are required to accommodate your needs.*
- *I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, Investigative Consumer Reports, driving record and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and entities requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.*
- *I understand that I may be required to successfully pass a drug-screening and physical examination. I hereby consent to pre- and/post-employment drug screen and physical examination (where applicable) as a condition of my employment, if required.*
- *I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.*
- *I understand that compliance with the Quincy Chamber of Commerce's Personnel Policies is a condition of my employment.*
- *I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.*
- *I have read, understand, and by my signature consent to these statements.*

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