

Punxsutawney Area Chamber of Commerce, Inc.

Application For Employment

Please do not leave blank sections. Use N/A if not applicable.

Position Desired: _____ Part time ___ Full time Date: _____

Name: _____
 (Print) Last First Middle

Present Address: _____
 Street and Number City State Zip Code

Telephone (Home or Cell) No.: _____ Email: _____

Have you ever worked for this Organization before? ___ Yes ___ No If Yes, please give dates and position below:

Are you at least 18 years of age? ___ Yes ___ No

Are you legally employable within the United States and can you present evidence of this if hired? ___ Yes ___ No

Have you ever used another name? ___ Yes ___ No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present and previous employers, in the last 10 years, in chronological order with present or most recent employer listed first. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer Telephone	<u>Employed</u> From (mo/yr) To (mo/yr)	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u>	<u>Exact Reason for Leaving</u> <u>Nature of Job Duties/Responsibilities</u>
Previous Employer Telephone	<u>Employed</u> From (mo/yr) To (mo/yr)	<u>Your Title or Position</u> Name and Title of <u>Last Supervisor</u>	<u>Exact Reason for Leaving</u> <u>Nature of Job Duties/Responsibilities</u>

Previous Employer	<u>Employed</u> From (mo/yr)	<u>Your Title or Position</u>	<u>Exact Reason for Leaving</u>
Telephone	To (mo/yr)	<u>Name and Title of Last Supervisor</u>	<u>Nature of Job Duties/Responsibilities</u>
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Your Title or Position</u>	<u>Exact Reason for Leaving</u>
Telephone	To (mo/yr)	<u>Name and Title of Last Supervisor</u>	<u>Nature of Job Duties/Responsibilities</u>
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Your Title or Position</u>	<u>Exact Reason for Leaving</u>
Telephone	To (mo/yr)	<u>Name and Title of Last Supervisor</u>	<u>Nature of Job Duties/Responsibilities</u>

Have you ever been terminated or asked to resign? Yes No If Yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No. If No, please explain:

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying, with or without a reasonable accommodation? Yes No

Please indicate any actual experience, military experience, or any special training and qualifications that you have which you feel are relevant to the position for which you are applying.

COMPUTER SKILLS: (Please Describe)

Education	Name and location of school	No. of years Completed	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

THE PUNXSUTAWNEY AREA CHAMBER OF COMMERCE, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND PRACTICES NON-DISCRIMINATORY POLICIES AT ALL STAGES OF EMPLOYMENT IN ACCORDANCE WITH FEDERAL, STATE, AND LOCAL LAWS.

Please read the following before signing this application.

I authorize the references listed (employers, educational institutions, etc.) to give the Punxsutawney Area Chamber of Commerce, Inc. any and all information related to my previous employment and any other pertinent information, personal or otherwise, and by any signature below release all parties from liability for any damages that may result from information received by the Punxsutawney Area Chamber of Commerce, Inc..

Applicant's Signature

Date

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Punxsutawney Area Chamber of Commerce, Inc. to hire or interview me.

I certify the information I have given in this application is true, correct, and complete to the best of my knowledge and understand I will be refused employment or be discharged at any time after employment if any information I have given is found to be false, substantially misleading, or there is an omission of pertinent information which is discovered at any time after employment.

I agree to conform to all rules and regulations of the Punxsutawney Area Chamber of Commerce, Inc. and understand the Organization maintains an **at-will employment policy** permitting my employment and compensation to be terminated with or without cause, with or without notice, at any time, at the option of either this Organization or myself.

I also understand the Board of Directors are the only authority permitted to enter into any agreement or make any agreement contrary to current established employment policies.

I understand employment at Punxsutawney Area Chamber of Commerce, Inc. is contingent upon acceptable clearances and record checks.

Applicant's Signature

Date