

# Greater Fairbanks Chamber of Commerce

## Application for Employment

We consider applicants for all positions without discrimination based on race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

**(PLEASE PRINT)**

Position Applied for:	Date of Application:
<p>How did you learn about us?</p> <p><input type="checkbox"/> Advertisement</p> <p><input type="checkbox"/> Employment Agency</p> <p><input type="checkbox"/> Walk-In</p> <p><input type="checkbox"/> Friend _____</p> <p><input type="checkbox"/> Relative _____</p> <p><input type="checkbox"/> Internet Site _____</p> <p><input type="checkbox"/> Other _____</p>	

Last Name	First Name	Middle Name
Street Address	City	State
ZIP Code		
Telephone Number(s)		
Main:	Cell:	Email:

If you are under 18 years of age, can you provide required proof of your eligibility to work?	( ) YES	( ) NO
Have you ever applied for employment with our organization?	( ) YES	( ) NO
If Yes, give date: _____		
Have you even been employed with us before?	( ) YES	( ) NO
If Yes, give date: _____		
Are you related to anyone currently employed by our organization?	( ) YES	( ) NO
If Yes, Name and Relationship: _____		
Are you currently employed:	( ) YES	( ) NO
May we contact your present employer?	( ) YES	( ) NO
If No, when? _____		
Are you authorized to work lawfully in the United States?	( ) YES	( ) NO
On what date would you be available to work? _____		
Are you available to work: ( ) Full-Time	( ) Part-Time	( ) Temporary
Can you travel if the job requires?	( ) YES	( ) NO
Have you ever been involuntarily terminated from a job?	( ) YES	( ) NO
If Yes, please explain: _____		

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## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Level
High School				
Undergraduate				
Graduate/Professional				
Other (Specify)				
Technical Skills		Level of Competency		
	Novice (Limited Experience)	Intermediate (Practical Application)	Advanced (Applied Theory)	Expert (Recognized Authority)
<input type="checkbox"/> Excel	( )	( )	( )	( )
<input type="checkbox"/> Word	( )	( )	( )	( )
<input type="checkbox"/> Illustrator	( )	( )	( )	( )
<input type="checkbox"/> InDesign	( )	( )	( )	( )
<input type="checkbox"/> Photoshop	( )	( )	( )	( )
<input type="checkbox"/> Facebook	( )	( )	( )	( )
<input type="checkbox"/> Twitter	( )	( )	( )	( )
<input type="checkbox"/> YouTube	( )	( )	( )	( )
<input type="checkbox"/> Graphic Design	( )	( )	( )	( )
<input type="checkbox"/> Advertising Layout	( )	( )	( )	( )
<input type="checkbox"/> Media Buys/Publication Knowledge	( )	( )	( )	( )
<input type="checkbox"/> Constant Contact	( )	( )	( )	( )
<input type="checkbox"/> Survey Monkey	( )	( )	( )	( )
<input type="checkbox"/> ChamberMaster (Will Train)	( )	( )	( )	( )
<input type="checkbox"/> Video Editing	( )	( )	( )	( )
<input type="checkbox"/> Photography	( )	( )	( )	( )

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**EMPLOYMENT HISTORY**—Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information may disqualify you from further consideration. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, and other protected classes.

<b>Present or Last Position:</b>	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Final Annual Salary:			
Name of Supervisor	Supervisor Title/Department:	Supervisor Phone/Email: (   )   -   ext. Email:	
<b>Position:</b>	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Final Annual Salary:			
Name of Supervisor	Supervisor Title/Department:	Supervisor Phone/Email: (   )   -   ext. Email:	
<b>Position:</b>	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Final Annual Salary:			
Name of Supervisor:	Supervisor Title/Department:	Supervisor Phone/Email: (   )   -   ext. Email:	
<b>Position:</b>	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Final Annual Salary:			
Name of Supervisor:	Supervisor Title/Department:	Supervisor Phone/Email: (   )   -   ext. Email:	

*If you need additional space, please continue on a separate sheet of paper.*

## ADDITIONAL INFORMATION

[illegible]

## Date \_\_\_\_\_

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For Internal Use Only	
Applicant Name: _____	Position: _____
Arrange Interview?      ( ) YES ( ) NO	
_____ INTERVIEWER	_____ DATE
Employed?      ( ) YES ( ) NO	Date of Employment: _____
Job Title: _____	Hourly Rate/Salary: _____

Notes:

[illegible]