

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 <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Internet Site _____ <input type="checkbox"/> Other _____ </p>	

Last Name	First Name	Middle Name
Street Address	City	State
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.

Present or Last Position:	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:	
Position:	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:	
Position:	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:	
Position:	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.

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ADDITIONAL INFORMATION

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge, and authorize GFCC to verify their accuracy and to obtain reference information on my work performance.

I hereby release GFCC from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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For Internal Use Only	
Applicant Name: _____	Position: _____
Arrange Interview? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INTERVIEWER _____	DATE _____
Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Employment: _____
Job Title: _____	Hourly Rate/Salary: _____

Notes: