

Carmel Chamber of Commerce

**P.O. Box 4444
Carmel, California 93921
(831) 624-2522**

An Equal
Opportunity
Employer

APPLICATION FOR EMPLOYMENT

TITLE OF POSITION YOU ARE APPLYING FOR: _____

Salary/Wage Desired: _____ per _____

INSTRUCTIONS: Print, using ink or typewriter. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment. Read the Certificate of Applicant in Section 10 carefully before signing. Resumes will not be accepted in place of a completed application. **Do not respond to any questions with "see resume".**

1. PERSONAL DATA

NAME (Last, First, Middle)	Area Code Home Telephone
MAILING ADDRESS (Number and Street)	Area Code Work Telephone
(City, State & Zip)	Social Security Number
Do you have a valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	Enter your date of birth if you are less than 21 years of age. _____
State: _____ Number: _____ Class: _____ Expiration Date: _____	

2. PHYSICAL CONDITIONS OR LIMITATIONS

DO YOU HAVE ANY PHYSICAL CONDITION OR LIMITATION THAT WOULD PREVENT YOU FROM PERFORMING ALL THE DUTIES OF THIS POSITION ON A REGULAR AND CONTINUING BASIS? YES NO **IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? PLEASE EXPLAIN IN SECTION 8.**

3. PREVIOUS CARMEL CHAMBER EMPLOYMENT & CURRENT EMPLOYMENT OF A RELATIVE

A. Have you previously applied to the Carmel Chamber of Commerce? YES NO
If you answered "yes", list positions applied for, and any former names, if appropriate, in section 8.

B. List any relatives currently employed by the Carmel Chamber of Commerce and their relationship to you:

4. EDUCATION & TRAINING

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 MORE	NAME & LOCATION OF HIGH SCHOOL _____	Are you a high school grad? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you passed the GED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Schools attended other than high school	Location	Course of Study	Credits Earned Semester - Quarter	Degree or Certificate Rec'd. None Type	

Please describe additional course work or training (including military) which would qualify you for this position.

Please list certificates or licenses of professional or vocational competence you possess that relate to this position.

Please list languages other than English which you speak fluently: _____

SPECIAL SKILLS: Typing _____ wpm Shorthand _____ wpm Computer Hardware _____

What office machines do you operate: _____ Computer Software _____

Hospitality Experience: _____ Customer Relations: _____

5. WORK EXPERIENCE

You should respond completely to the information requested in this section and attempt to cover all the requirements listed in the job announcement. LIST YOUR MOST RECENT EMPLOYMENT FIRST. Describe different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary, related to the position for which you are applying. Additional sheets should be attached to this application when necessary to full describe related experience, training and education. **DO NOT ENTER "SEE RESUME"**.

FROM (MO & YR)	TITLE OF YOUR MOST PRESENT OR MOST RECENT POSITION	ORGANIZATION NAME
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
HOURS EACH WEEK		EMPLOYER'S BUSINESS
SALARY		REASON FOR LEAVING
PER		
FROM (MO & YR)	TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE	ORGANIZATION NAME
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
HOURS EACH WEEK		EMPLOYER'S BUSINESS
SALARY		REASON FOR LEAVING
PER		
FROM (MO & YR)	TITLE OF THE POSITION YOU HELD BEFORE THE ONE ABOVE	ORGANIZATION NAME
TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
HOURS EACH WEEK		EMPLOYER'S BUSINESS
SALARY		REASON FOR LEAVING
PER		
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TO (MO & YR)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
HOURS EACH WEEK		EMPLOYER'S BUSINESS
SALARY		REASON FOR LEAVING
PER		

6. CONTACTING CURRENT EMPLOYER:

If you are currently employed, may we contact your current employer at anytime?

YES NO YES, but only when: _____

7. AVAILABILITY

Are you available to work:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	
	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends	<input type="checkbox"/> Overtime	<input type="checkbox"/> Other: _____
How did you hear about the position:	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Employee	
	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other: _____
Date Available:				
Can you meet the attendance standards of the Carmel Chamber of Commerce, which requires all employees to report for work on time for all scheduled days or shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO				

8. EXPLANATION OF PREVIOUS ITEMS

Use this space to provide additional information as required by this application. Attach additional sheets as necessary.

9. CONVICTION RECORD (REQUIRED FROM ALL APPLICANTS)

Answer this section truthfully, including both minor and serious offenses of which you were convicted. ANY OMISSIONS ARE GROUNDS FOR REJECTION OF THE APPLICATION, REMOVAL OF NAME FROM THE ELIGIBILITY LIST OR DISMISSAL FROM POSITION. This section will be reviewed for job relatedness and time since last conviction.

Have you ever been convicted of a breach or violation of any ordinance or law other than a minor traffic violation? Yes No

If yes, provide the information requested below for each conviction. Be specific, give name and code number of offense, not simply misdemeanor or felony. **DO NOT LIST ARRESTS – ONLY CONVICTIONS and DO NOT DISCLOSE CONVICTIONS RELATED TO THE POSSESSION OR USE OF MARIJUANA MORE THAN TWO YEARS AGO.**

OFFENSE	OFFENSE	OFFENSE
DATE	DATE	DATE
PLACE	PLACE	PLACE
SENTENCE/FINE	SENTENCE/FINE	SENTENCE/FINE

10. CERTIFICATE OF APPLICANT: READ CAREFULLY BEFORE INITIALING AND SIGNING

Initial	I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason not to hire me, and if discovered after my employment, will be sufficient reason for dismissal from the services of the Carmel Chamber of Commerce regardless of the time that has elapsed before discovery.	
Initial	I authorize the Carmel Chamber of Commerce to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, criminal conviction record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to the Carmel Chamber of Commerce from all liability or responsibility with respect to information supplied to the Carmel Chamber of Commerce.	
Initial	I understand that filing this application in no way assures me a position with the Carmel Chamber of Commerce, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, without cause, and with or without notice, at any time, and at the option of the Carmel Chamber of Commerce or myself. I further understand that no one other than the CEO or Chair of the Board in the case of the CEO has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.	
Initial	If employed by the Carmel Chamber of Commerce, I agree to abide by the rules, policies and procedures of the Carmel Chamber of Commerce and subsequent rules, policies and procedures that may become effective after my employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that the Carmel Chamber of Commerce believes strongly in a drug-free work environment and agree to abide by the drug and alcohol polices of the Carmel Chamber of Commerce during the time of my employment.	
SIGNATURE		DATE (Month Day Year)

IF APPOINTED TO A CARMEL CHAMBER POSITION, APPLICANTS WILL BE REQUIRED TO SUBMIT PROOF OF IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES.