

CAMBRIDGE AREA CHAMBER OF COMMERCE
APPLICATION FOR EMPLOYMENT

The Cambridge Area Chamber of Commerce is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal or state law. Please complete entire application to ensure consideration.

PERSONAL INFORMATION

Name

Last:

First:

Middle Initial:

Other names you are known by:

Present address:

Street:

City:

State:

Zip Code:

Phone number: (Daytime & Evening)

Referral source: (i.e. newspaper, walk-in, Internet job posting)

Are you eligible for employment in the U.S.? Yes _____ No _____

(All new hires will be required to provide proof of eligibility to work in the U.S.)

Have you been convicted of a crime? Yes _____ No _____

If "Yes", list convictions, with dates, that a matter of public record (arrests are not convictions)

EDUCATION

Name and address of school(s), Year graduated, Degree(s) received:

SKILLS

List skills you feel you have demonstrated that are relevant to the position applied:

Computer Proficiency (indicate your level of proficiency for each of the following):

<i>Microsoft Excel</i>	Excellent	Good	Minimal	None
<i>Microsoft Word</i>	Excellent	Good	Minimal	None
<i>PowerPoint</i>	Excellent	Good	Minimal	None
<i>Outlook</i>	Excellent	Good	Minimal	None
<i>QuickBooks Accounting</i>	Excellent	Good	Minimal	None

FORMER EMPLOYERS

List below current and last three employers, starting with most recent one first. Please include and non-paid/volunteer experience which is related to the job for which you are applying. Please complete even though you submitted a resume.

Current Employer (NOTE: if you are not currently employed, please start this section listing your most recent employer.)

Name and Address of Employer:

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Start Date:

End Date:

Position:

Summary of Duties Performed:

Reason for Leaving:

Supervisor's Name:

Phone Number:

May we Contact?

Previous Employer

Name and Address of Employer:

Start Date:

End Date:

Position:

Summary of Duties Performed:

Reason for Leaving:

Supervisor's Name:

Phone Number:

May we Contact?

Previous Employer

Name and Address of Employer:

Start Date:

End Date:

Position:

Summary of Duties Performed:

Reason for Leaving:

Supervisor's Name:

Phone Number:

May we Contact?

Volunteer experiences relevant to this opportunity:

REFERENCES:

Give below the names of three professional references you have known at least one year.

- 1) Name and Address & Phone number; Years acquainted; How do you know?
- 2) Name and Address & Phone number; Years acquainted; How do you know?
- 3) Name and Address & Phone number; Years acquainted; How do you know?

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ACKNOWLEDGEMENT AND AUTHORIZATIONS

I hereby authorize the Cambridge Area Chamber of Commerce to thoroughly investigate my background references, employment record and other matters related to my suitability for employment (e.g. criminal background check, credit check).

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Cambridge Area Chamber of Commerce to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information.

I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal.

I understand that I may be required to sign a confidentiality agreement, should I become an employee of the Cambridge Area Chamber of Commerce.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract.

I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or the Cambridge Area Chamber of Commerce at any time, without prior notice, for any reason.

Date _____ Printed (or typed) Name: _____

Social Security/ Social Insurance Number _____ (to be used solely in conjunction with background check)

Signature _____ (while the rest of this application may be type-written, your actual signature will be required on this line)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.