

Peoria Chamber of Commerce

Peoria Chamber of Commerce is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, non-job related disability or any other legally protected status. Information requested on this application will not be used for any purpose prohibited by law. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

PERSONAL INFORMATION

Name _____
Last First MI

Address _____
No. Street Apt.

_____ - _____
City State Zip Home Phone

Email _____
(In order to process application an email address is required.)

Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of a misdemeanor and/or felony? Yes No
If yes, state the nature of the offense, date of conviction, sentence imposed, and county and state:

Note: Conviction will not necessarily disqualify you from employment with Peoria Chamber of Commerce. All convictions must be listed.

GENERAL INFORMATION

Position applied for: _____ Full time Part time Temporary

If required, could you work overtime? Yes No

Date available to start: _____ Salary desired: \$ _____

Do you have any commitment or agreement with another employer that might affect your employment with the Peoria Chamber of Commerce? Yes No

If yes, please explain _____

Have you ever applied or worked for this company before? Yes No

If yes, state when and where you applied and/or worked: _____

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____ Date Separated _____

How did you learn of this opening? _____

EDUCATION

	Name and Address of School	Major Subject	Last Year Completed	Graduation Date	Degree
High School		//////////////////// ////////////////////		//////////////////// ////////////////////	
College					
Business, Trade, Other					

List any job-related scholastic honors, offices, or activities: _____

List job-related school or specialized training: _____

Do you have any Certifications? Yes No

If yes, please list: _____

Have you ever been fired or asked to resign from a job? Yes No

If yes, explain: _____

EMPLOYMENT HISTORY

List names of employers for the past ten (10) years in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, list firm name and supply business references. Please attach additional sheets if necessary.

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	
		MO	YR			
	NAME OF COMPANY			\$	REASON FOR LEAVING (Please Explain)	
	ADDRESS	TO		ENDING SALARY		
		MO	YR			\$
	CITY, STATE, ZIP				NAME & TITLE OF IMMEDIATE SUPERVISOR	
	PHONE NO.	TYPE OF BUSINESS			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	
		MO	YR			
	NAME OF COMPANY			\$	REASON FOR LEAVING (Please Explain)	
	ADDRESS	TO		ENDING SALARY		
		MO	YR			\$
	CITY, STATE, ZIP				NAME & TITLE OF IMMEDIATE SUPERVISOR	
	PHONE NO.	TYPE OF BUSINESS			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	
		MO	YR			
	NAME OF COMPANY			\$	REASON FOR LEAVING (Please Explain)	
	ADDRESS	TO		ENDING SALARY		
		MO	YR			\$
	CITY, STATE, ZIP				NAME & TITLE OF IMMEDIATE SUPERVISOR	
	PHONE NO.	TYPE OF BUSINESS			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	
		MO	YR			
	NAME OF COMPANY			\$	REASON FOR LEAVING (Please Explain)	
	ADDRESS	TO		ENDING SALARY		
		MO	YR			\$
	CITY, STATE, ZIP				NAME & TITLE OF IMMEDIATE SUPERVISOR	
	PHONE NO.	TYPE OF BUSINESS			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you worked in any of your previous positions under another name, please give that name:

REFERENCES

Please provide three professional references (include at least one supervisor):

Name	Phone #	Occupation
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

APPLICANT'S AGREEMENT

I understand and agree that, if I am employed by Peoria Chamber of Commerce, my employment is entirely "at will," which means it is not guaranteed for any definite period of time and can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either the Company or myself. I understand and agree that the Company reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment at its discretion at anytime with or without notice. I understand and agree that no other oral or written agreements of any kind pertaining to the terms of my employment and/or my compensation exist outside of this Agreement, and if I believe that any such previous agreements between any the Company representative and myself have been made, I agree they are superseded by the contents of this Agreement. I understand and agree that no representative of the Company, other than the Company Owner, has any authority to enter into any other agreement or with me or provide me with any assurances relating to any aspect of my employment with the Company, except that the Owner of the Company may do so in writing.

I further agree that any change in the terms or conditions of my employment, such as a change in schedule, hours, benefits, salary or job duties will not affect the at-will relationship that exists between me and the Company.

In addition to the wages I am paid by the Company, I also agree that my continued employment and \$1.00 of the wages I am paid when I first report to work will serve as sufficient consideration to bind this Agreement.

I authorize the Company to investigate my background, qualifications and/or any other information on me as it deems appropriate. I also authorize anyone the Company contacts as part of its investigation to release any information they have regarding me or my employment to the Company or its representatives. Further, I authorize the Company to release the results of any background checks conducted on me and any other information related to me or my employment as it deems appropriate. I also release all parties, including the Company, from all liability for any damage that may result from either releasing or furnishing any such information.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by the Company at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the Company. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. Further, I authorize the Company to release the results of these tests to whomever it deems appropriate where allowed by law. I hereby release all parties from all liability for any damage that may result from conducting, releasing or furnishing information regarding these examinations or tests.

I certify that there are no legal or contractual impediments that would prevent me from accepting employment with

the Company or fulfilling the duties of the position(s) for which I am applying. I further understand and agree that if I am hired by the company that I will not make any disparaging remarks regarding the Company or its employees, as deemed by the Company.

In the event that I am employed by the Company, I authorize the Company to deduct and/or withhold from my wages, or any other monies then owed to me by the Company, any amounts that I might still owe to the Company, as deemed appropriate by the Company.

READ CAREFULLY BEFORE SIGNING

“I agree that any claim or lawsuit relating to my service with the Company, or any of its subsidiaries, must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.”

If you are hired, this employment application will become part of your official employment record.

I understand and agree that if I threaten to breach or breach this Agreement, I agree to indemnify and hold the Company and any other damaged parties harmless from and against any and all loss, cost, damage, or expenses, including, but not limited to, paying all damages associated with this breach, including all attorney's fees and administrative costs deemed necessary and reasonable by the damaged parties in order to enforce any section of this Agreement or to correct whatever damages caused by this breach.

I also certify that the facts contained in this application are true and complete in all respects. I understand that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I understand that if I am employed, if the Company later determines that this application, or any other documents or information given in conjunction with the hiring process contains false, incomplete, inaccurate or misleading information, my employment may be terminated immediately.

I further certify and agree that I have read all of the foregoing, that I understand the same and that I do hereby voluntarily agree to all of the provisions contained herein.

PRINT NAME

APPLICANT'S SIGNATURE

Date _____