NOME CHAMBER OF COMMERCE

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Address			
Phone	E-Mail		
Are you able to work overtime? YES ☐ NO ☐			
Check the shifts that you are able to work: Any ☐ Day ☐ Night ☐ Swing ☐ Rotating ☐ Split ☐ Graveyard ☐			
Date Available to start	Are you 18 years old or older? YES ☐ NO ☐		
Position Applied for			
Are you a citizen of the United States? YES ☐ NO ☐	If no, are you authorized to work in the U.S.? YES ☐ NO ☐		
Have you ever worked for this company? YES ☐ NO ☐	If so, when?		
Have you ever been convicted of a felony? YES ☐ NO ☐	If yes, explain		

EDUCATION			
High School		Address	
From	To	Did you graduate? YES ☐ NO ☐	Degree
College		Address	
From	To	Did you graduate? YES ☐ NO ☐	Degree
Other		Address	
From	To	Did you graduate? YES ☐ NO ☐	Degree

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		

SKILLS & QUALIFICATIONS
List other qualifications, skills or abilities you feel should be considered:

DISCLAIMER AND SIGNATURE
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Signature Date

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability.