

Hastings Chamber and Economic Development

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, genetics, sexual orientation, gender identity, or citizenship status.

PLEASE PRINT OR TYPE

Date of application _____

Name _____
Last First Middle Initial

Address _____
House Number & Street/ PO Box City State Zip Code

Telephone _____ Email Address _____

Emergency Contact (Name and Phone) _____

Position applied for _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? (Proof of citizenship/status *may* be required upon employment) Yes No

Are you available to work? Full Time Part-Time

Are you on a lay-off and subject to recall? Yes No

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment:

References

List professional, trade, business, or civic activities and offices held.
(You may exclude those that indicate race, color, religion, sex, or national origin)

Please list the name, address, and telephone number of three references who are not related to you and are not previous employers.

1. Name _____ Telephone _____
Address _____
2. Name _____ Telephone _____
Address _____
3. Name _____ Telephone _____
Address _____

Application for Employment: Employment Experience

Start with your present or last job. Include military service assignments.

1	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title			
	Supervisor	Hourly Rate/Salary		
Reason for Leaving			Telephone	
			FAX	
2	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title			
	Supervisor	Hourly Rate/Salary		
Reason for Leaving			Telephone	
			FAX	
3	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title			
	Supervisor	Hourly Rate/Salary		
Reason for Leaving			Telephone	
			FAX	
4	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title			
	Supervisor	Hourly Rate/Salary		
Reason for Leaving			Telephone	
			FAX	

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or volunteer experience

If you need additional space, please continue on a separate sheet of paper.

Employment: Education

Type of School	Name	Address	Did you graduate?	Major/ Degree
High School(s)				
Bus. Trade School(s)				
College(s)				
Professional School(s)				

Honors Received

State any additional information that may be helpful to us in considering your application.

APPLICANTS STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

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 Hastings Area Chamber of Commerce.

Signature of Applicant

Date

Hastings Chamber and Economic Development

Application Supplement

Please read and initial each paragraph below.

(Initial Below)

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time before discovery.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States within three days of employment in compliance with the Immigration Reform and Control Act.

_____ If the position applied for requires driving in the course of work, I understand that I will, as a condition of employment, be required to possess a current and valid Nebraska driver's license.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date