



## Coalinga Area Chamber of Commerce

265 W. Elm Ave., Coalinga, CA 93210

p.559.935.2948 f.559.935.1458

### Employment Application

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An Equal Opportunity Employer

#### Please Print

\_\_\_\_\_  
Date Last Name First Name Middle

#### Present Address

\_\_\_\_\_  
No. & Street City State Zip Code

#### Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street City State Zip Code

\_\_\_\_\_  
Business Phone Home Phone

#### Employment Desired

Position applying for: Please circle one: Office Assistant Executive Director

#### Personal Information

How did you hear about the Chamber and this job opening? \_\_\_\_\_

Have you ever applied to or worked for The Coalinga Area Chamber of Commerce? Yes No

If you have, in what capacity and what were reasons for leaving? \_\_\_\_\_

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If hired, would you have a reliable means of transportation to and from work?.....  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

## Education, Training, and Experience

		No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	_____			
	Address			
	_____			
	City	State	Zip Code	
<b>College/ University</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	_____			
	Address			
	_____			
	City	State	Zip Code	

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## Education, Training, and Experience - continued

	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>Vocational/ Business</b> _____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Address _____			
_____	_____	_____	_____
City	State	Zip Code	

<b>Health Care Training</b> _____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Address _____			
_____	_____	_____	_____
City	State	Zip Code	

## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

_____	_____		
Name of Employer	Phone Number		
_____	_____		
Type of Business	Your Supervisor's Name		
_____	_____	_____	_____
Address & Street	City	State	Zip Code

Dates of Employment: \_\_\_\_\_  
From To

Current Employer?.....  Yes  No

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?.....  Yes  No

# Employment Application

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\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Dates of Employment:

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?.....  Yes  No

Note: Attach additional page(s) if necessary.

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## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

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**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials

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 of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize the Coalinga Area Chamber of Commerce to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

PLEASE INCLUDE A CURRENT RESUME and COVER LETTER.

Optional

\_\_\_\_\_  
Initials

This Company conducts internal background checks and may search public records. I am entitled to copies of any such public records obtained by the Company unless I mark the check box below.

If I am not hired because of such information, I am entitled to a copy of any such records even though I have checked the box below.

“Public records” are defined by California state law and means records documenting an “arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.” (Civil Code section 1786.53) **Any public records request performed by internal personnel employed by the Company will only be conducted and used to the extent allowed by federal, state or local law, including any laws governing use of criminal history information.**

\_\_\_\_\_  
**Initials if...**

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



