



SAN GABRIEL VALLEY
REGIONAL CHAMBER OF COMMERCE

San Gabriel Valley Regional Chamber of Commerce

19720 E Walnut Drive S, Suite 201

Walnut, CA 91789

(909) 869-0701 • info@regionalchambersgv.com

Application for Employment

Applicant Information

Last Name		First Name		Cellular Phone Number () -	
Address				Home Number () -	
City		State	Zip	Email Address	
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If an offer of employment is made, can you provide proof of your legal right to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
* Respond only if driving is an essential function of the position for which you are applying:					
Do you have a valid California Driver's License?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<small>(You may omit minor traffic violations, any offense committed prior to your 18th birthday, adjudicated in a juvenile court or under a youth offender law, or any incident that has been sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45)</small>					
<small>If Yes, please complete the attached Convictions Disclosure form. A Yes answer does not automatically disqualify you from receiving consideration for employment.</small>					

Education & Special Training

Name and Location of High School					
Did you graduate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, do you have a:		<input type="checkbox"/> GED Certificate <input type="checkbox"/> CHSPE Certificate
Name and Location of College or University					
College Major		Units Completed	Graduation Date	Degree Earned	
Name and Location of College or University					
College Major		Units Completed	Graduation Date	Degree Earned	
Name and Location of Business, Technical or Trade Institution					
Course of Study		Dates Attended		Certificate of Licenses Obtained	

Employment History

This section must be completed in detail, even though a resume may be included and/or required. Beginning with your present job, list all employment activity for the past 10 years. Each promotion should be identified as a separate job. Earlier relevant experience may also be included. Attach additional sheets if necessary. **Reference checks are conducted with both current and former employers on candidates under final consideration.**

Company Name and Address		
Dates of Employment (mm/dd/yy): / / to / /	Hours per Week	Last Salary
Position Title	Supervisor Name and Title	
Supervisor Contact Number	Supervisor Email Address	
Number of People You Supervised		
Summary of Duties		
Reason for Leaving		

Company Name and Address		
Dates of Employment (mm/dd/yy): / / to / /	Hours per Week	Last Salary
Position Title	Supervisor Name and Title	
Supervisor Contact Number	Supervisor Email Address	
Number of People You Supervised		
Summary of Duties		
Reason for Leaving		

Company Name and Address		
Dates of Employment (mm/dd/yy): / / to / /	Hours per Week	Last Salary
Position Title	Supervisor Name and Title	
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Dates of Employment (mm/dd/yy): / / to / /	Hours per Week	Last Salary
Position Title	Supervisor Name and Title	
Supervisor Contact Number	Supervisor Email Address	
Number of People You Supervised		
Summary of Duties		
Reason for Leaving		

Additional Qualifications

Related Skills (e.g., proficiency in medical terminology, spread sheets, statistical analysis, etc.)

Related Equipment Which You Operate Proficiently

Relevant Courses, Conferences, Seminars and Workshops Attended or Conducted

Computer Hardware & Software Which You Operate Proficiently

Publications/Reports Coordinated or Authored

Additional Languages (specify ability to speak, read and/or write as well as proficiency level)

Other (e.g., Computer Programming Language)

References

List three references **not related** to you who can attest to your professional abilities and character.

Name, Title	Company/Organization Name and Address
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Relation	Contact Number	Email Address
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Name, Title	Company/Organization Name and Address
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Relation	Contact Number	Email Address
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Name, Title	Company/Organization Name and Address
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Relation	Contact Number	Email Address
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I understand that all offers of employment are contingent upon verification of my identity and authorization to work in the United States.

I hereby certify that the information contained in this application and all supplemental supporting documents are accurate and truthful to the best of my knowledge and belief. I understand that the misstatement or omission of pertinent facts or information may disqualify me from employment consideration with the San Gabriel Valley Regional Chamber of Commerce and, if hired, may be grounds for dismissal.

I agree to any pre/post-employment examination which may be required as a condition of continued employment.

I understand that this document and all supplemental supporting documents become the property of San Gabriel Valley Regional Chamber of Commerce, and that the information provided herein will be used for the purpose of employment in accordance with the Information Practices Act of 1977.

Signature (original, no copies)

Date

Disclosure of Information

Policy:

All applicants for employment shall be required to answer the Application for Employment:

Have you ever been convicted of a Crime?

Yes

No

Applicants may respond "no" to this inquiry if they have never been convicted, and when they have been convicted of an offense involving, 1) a minor traffic violation; 2) a violation of Health and Safety Code 11357 (b) or (c), 11360 (c), 11364, 11365 or 11550 as they relate to marijuana convictions prior to January 1, 1967; 3) a conviction which has been judicially dismissed, expunged, sealed or eradicated; or 4) a misdemeanor conviction for which the probation has been completed and the case has been judicially dismissed. **Complete Disclosure of Information Form, next page, if you have a reportable conviction(s).**

General Information:

Conviction of a crime is not an absolute bar from employment. Each situation will be reviewed to consider, among other matters, the relevance of the conviction to the nature of employment sought by the applicant, applicant history since the conviction, and relevancy of the conviction itself.

Undisclosed convictions (with the exception of those specified above) shall be considered grounds for termination.

Disclosure of Information Form

Complete this form if you have reportable conviction(s). List each conviction in a separate section below. Attach additional sheets if necessary.

Describe Specific Offense:

If you were convicted, provide:

Specific charge for which convicted:

Date of Conviction:

Disposition (i.e. sentence):

Describe Specific Offense:

If you were convicted, provide:

Specific charge for which convicted:

Date of Conviction:

Disposition (i.e. sentence):

I hereby certify that the above information is true to the best of my knowledge and belief.

Signature (original, no copies)

Date