

Ely Chamber of Commerce
 Visitor & Information Center
 1600 E. Sheridan St.
 Ely, MN 55731
 218-365-6123



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, creed, religion, national origin, sex, disability, age, marital status, sexual preference, veteran status with regard to public assistance. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Today's Date: _____ Social Security #: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____ Best time to contact? _____

How did you learn about this position? _____

Are you 18 years or older? YES NO Are you legally eligible to work in the United States? YES NO
(Proof will be required if hired)

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____

Pay Desired: _____ Have you applied here before? _____ If so, when? _____

EDUCATION:

Did you graduate from high school or receive a GED? YES NO

Name and Location of School/Program attended:

Name and Location of College, University or Technical School	Did you graduate?	Degree/Diploma	Program of Study

FORMER EMPLOYERS: List below your last four employers, starting with the last one first.

Employer	Telephone #	Dates Employed		Position / Work Performed
		From	To	
Address				
<i>May we contact this employer?</i> YES NO If no, please explain:		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer	Telephone #	Dates Employed		Position / Work Performed
		From	To	
Address				
<i>May we contact this employer?</i> YES NO If no, please explain:		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer	Telephone #	Dates Employed		Position / Work Performed
		From	To	
Address				
<i>May we contact this employer?</i> YES NO If no, please explain:		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer	Telephone #	Dates Employed		Position / Work Performed
		From	To	
Address				
<i>May we contact this employer?</i> YES NO If no, please explain:		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer	Telephone #	Dates Employed		Position / Work Performed
		From	To	
Address				
<i>May we contact this employer?</i> YES NO If no, please explain:		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

Please explain any gaps in employment: _____

Do you have some special job-related skills, interests or experiences? _____

REFERENCES: <i>List below three persons not related to you whom you have known at least one year.</i>			
Name	Address & Telephone #	Position	Years Acquainted

AUTHORIZATION:

I understand the Ely Chamber of Commerce has the right to verify information contained in this application. I authorize the Ely Chamber of Commerce and any agent acting on its behalf to investigate all statements contained in this application for employment, resumes, or any document submitted for consideration of employment including, but not limited to, my driving record, criminal history, credit history, educational records such as transcripts, and work records as may be necessary to determine my eligibility for employment. Moreover, I hereby release the Ely Chamber of Commerce and any agent acting on its behalf from any and all liability by reason of requesting such information from any person or entity.

I certify that answers given herein are true and complete to the best of my knowledge and I understand that, if employed, falsified or misleading statement on this application or any other document submitted for consideration of employment or made during an interview, which may be discovered now or anytime in the future, shall be grounds for dismissal. I acknowledge that this document shall not be construed as a contract or offer of employment and understand and agree that, if hired, my employment is for no definite period and may be terminated at any time.

Signature _____ Date _____