

PERSONAL INFORMATION

NAME (Last/First/Middle)	Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	TELEPHONE
ADDRESS (Street/City/State/Zip)		
SOCIAL SECURITY NUMBER	After employment, can you furnish birth certificate or other proof of U.S. citizenship or permanent Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally able to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK PREFERENCE

TYPE OF WORK PREFERRED OR SPECIFIC POSITION SOUGHT	
DATE AVAILABLE	SALARY REQUIREMENT

EDUCATION

Having been told the educational requirements for this position, please provide information to indicate that you qualify

TYPE OF SCHOOL	SCHOOL NAME / ADDRESS	MAJOR SUBJECTS STUDIED	LAST YEAR COMPLETED	DATE OF GRADUATION	DEGREE EARNED
High School / Preparatory					
Business School / Vo-Tech					
College / University					
Graduate Work					

EMPLOYMENT HISTORY

Give employment record as completely as possible, starting with present or last employer.
For any unemployed or self-employed periods, show dates and locations.

COMPANY NAME / ADDRESS	BEGINNING AND ENDING DATES (MONTH / YEAR)	RATES OF PAY	TITLE OF JOB	SUPERVISOR	REASON FOR LEAVING

If employed, may we contact your current employer? Yes No

CHARACTER INFORMATION

Have you ever been convicted of a felony? (A conviction does not constitute an automatic bar to employment. The seriousness of the crime and the date of the conviction will be considered.) Yes No

If yes, please explain.

Have you ever been bonded? Yes No

Could you be bonded? Yes No

LIST THREE PERSONS (PROFESSIONAL WORK RELATED) OTHER THAN RELATIVES WHOM WE MAY CONTACT AS REFERENCES:

NAME	ADDRESS	BUSINESS / POSITION	TELEPHONE
1.			
2.			
3.			

SKILLS INFORMATION

To be completed by applicants for secretarial or clerical positions.

HAVING READ THE JOB QUALIFICATIONS, PLEASE DEMONSTRATE THAT YOU QUALIFY.

Typing w.p.m. _____ Shorthand w.p.m. _____

Please provide your level of proficiency in the following:

	BEGINNING	INTERMEDIATE	ADVANCED
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE LIST ANY ADDITIONAL COMPUTER SOFTWARE PACKAGES WHICH YOU HAVE EXPERIENCE:

ACCOMMODATION

Are you able to perform the tasks of the job you are applying for without an accommodation?

Yes No

If no, please specify the accommodation needed.

PLEASE READ BEFORE SIGNING

If you have any questions, please ask the employment interviewer before signing.

Be advised that a routine inquiry may be made during our initial or subsequent processing which will provide applicable information concerning character, general reputation and personal characteristics. The information shown herein is true to the best of my knowledge and belief. I understand the falsification of any of the information given by me in this application may be the cause for termination of employment.

Further, I hereby authorize the Greater Oklahoma City Chamber to contact any of the business or personal references listed herein, and I give consent that these references so contacted can give any information that may be sought in connection with this application or concerning me or my work. The Greater Oklahoma City Chamber is an Equal Opportunity Employer. No regard is given to race, color, creed, sex, age or national origin.

DATE

APPLICANT SIGNATURE