

The Barstow Chamber of Commerce & Visitors Bureau is looking for 2 part time (up to 20 hrs per week) receptionists to meet and greet visitors at the Historic Harvey House, and assist with all administrative & other duties as needed. Must have customer service experience and verifiable office and computer skills. Applications are available at the Chamber office at 685 N. First Ave, or on our website at www.barstowchamber.com. Applications must be submitted by 5:30pm on Friday July 30th, 2010. No Calls Please!

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

	DATE	SOCIAL SECURITY NUMBER
NAME	LAST	FIRST MIDDLE
PRESENT ADDRESS	STREET	CITY STATE ZIP CODE
PERMANENT ADDRESS	STREET	CITY STATE ZIP CODE
PHONE NO.		
IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND DEPARTMENT (OMIT NAME OF SPOUSE)	REFERRED BY	

LAST
FIRST
MIDDLE

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE	WHEN

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older.

EDUCATION	NAME AND LOCATION OF SCHOOL		DID YOU GRADUATE? *	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE

ACTIVITIES: CIVIC, ATHLETIC, ETC.
(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.)

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

**IN CASE OF
EMERGENCY NOTIFY**

NAME _____ PHONE NO. _____
 ADDRESS _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

NEATNESS	
ABILITY	

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER