



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

How did you hear about this position? _____

Are you authorized to work in the United States? YES NO
☐ ☐

Have you ever worked for the CLT Alliance? YES NO If yes, when? _____
☐ ☐

Have you ever been convicted of a felony? YES NO
☐ ☐

If yes, explain: _____

NOTE: A conviction record will not necessarily be a bar to employment.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____
☐ ☐

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

List work history, beginning with your current or most recent employer. This section must be completed in detail. Do not use "see resume" in lieu of completing this section. Attach additional sheets if necessary.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your current/previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Please read the following statement and acknowledgement carefully before signing this application:

I verify that the information provided on this application is true, complete and accurate. I agree that the Charlotte Regional Business Alliance may investigate all of the statements made on this application and that any misrepresentation or omission in my application, resume, any other employment-related materials, or during any interview may result in the Charlotte Chamber's refusal to employ me, or if employed, may result in immediate termination of my employment.

I understand that any offer of employment I may receive from the Charlotte Regional Business Alliance is conditioned on my successful completion of the Charlotte Regional Business Alliance's pre-employment screening process, including without limitation, drug testing and background, criminal records, employment history, and reference checks. I hereby release the Charlotte Regional Business Alliance, any consumer reporting agency(s), and any other person or entity providing information to the Charlotte Regional Business Alliance relating to my employment or prospective employment, including any of their officers, agents, employees or related personnel, from any and all liabilities, claims, causes of action and disputes relating to information collected and released as part of the Charlotte Regional Business Alliance's employment screening process, including information on any background check conducted. I understand that my continued at-will employment may be conditioned on successful completion of subsequent background and criminal records checks and drug testing conducted during my employment in accordance with the Charlotte Regional Business Alliance's policies and applicable law.

I agree to comply with all the Charlotte Regional Business Alliance's policies, rules and procedures in effect during my employment. I also understand that, if hired, my employment with the Charlotte Regional Business Alliance will be at-will, and that both the Charlotte Regional Business Alliance and I can terminate the employment relationship at any time, with or without cause.

☐ *Click this checkbox to indicate your agreement and acknowledgment of the above statement if you are completing this application electronically.*

Signature: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER

IF YOU NEED A REASONABLE ACCOMMODATION TO COMPLETE THE CHARLOTTE REGIONAL BUSINESS ALLIANCES APPLICATION PROCESS,
PLEASE CONTACT THE VP OF ACCOUNTING/PERSONNEL AT THE CHAMBER.

THIS APPLICATION WILL REMAIN ACITVE FOR 60 DAYS.