



Application for Employment

Applying for: Full Time Part Time Seasonal

All statements and questions are to be completed; the answers will be confidential.

Personal Information

Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Home Phone No.: _____ Cell Phone No.: _____ Social Security #: _____

Email Address: _____

Work Experience

Please list your full employment record - starting with your current or most recent employment.

Employer Name 1:	Employer Name 3:
Employer Address:	Employer Address:
City: State: ZIP:	City: State: ZIP:
Dates Employed (Mo/Yr): From To	Dates Employed (Mo/Yr): From To
Position Held: Supervisor Name:	Position Held: Supervisor Name:
Reason for Leaving:	Reason for Leaving:
May we contact this employer? (Y/N):	May we contact this employer? (Y/N):
Employer Name 2:	Employer Name 4:
Employer Address:	Employer Address:
City: State: ZIP:	City: State: ZIP:
Dates Employed (Mo/Yr): From To	Dates Employed (Mo/Yr): From To
Position Held: Supervisor Name:	Position Held: Supervisor Name:
Reason for Leaving:	Reason for Leaving:
May we contact this employer? (Y/N):	May we contact this employer? (Y/N):

Education and Skills

Please list all High Schools, Colleges, Universities and Special Schools you have attended.

Name of School 1:	Name of School 3:
City: State:	City: State:
Did you graduate? (Y/N): Degree Obtained:	Did you graduate? (Y/N): Degree Obtained:
Subject Studied/Major:	Subject Studied/Major:
Name of School 2:	Name of School 4:
City: State:	City: State:
Did you graduate? (Y/N): Degree Obtained:	Did you graduate? (Y/N): Degree Obtained:
Subject Studied/Major:	Subject Studied/Major:

Have you taken any insurance related courses, such as C.P.C.U, C.L.U., I.I.A., etc.? Yes No

If yes, please specify: _____

Check if you can operate or perform any of the following:

Calculator Personal Computer CRT (Cathode Ray Terminal) Typing (WPM): _____

Shorthand: _____ Other (specify): _____

List of Computer Software Used: _____

References

Please list three business references (not relatives). We will assume we have your permission to contact any references listed.

Reference Name 1:

Address: _____ City: _____ State: _____ ZIP: _____

Phone No.: _____ Company: _____ No. Years Known: _____

Reference Name 2:

Address: _____ City: _____ State: _____ ZIP: _____

Phone No.: _____ Company: _____ No. Years Known: _____

Reference Name 3:

Address: _____ City: _____ State: _____ ZIP: _____

Phone No.: _____ Company: _____ No. Years Known: _____

Employment Desired

Position Applied For: _____

Date You Can Start: _____ Expected Salary: \$ _____

If you are presently employed, may we contact employer? Yes No

Have you ever been employed by the company or its affiliates before? Yes No

If yes, please complete the following:

Company: _____ Dates Employed (Mo/Yr): From _____ To _____

Supervisor Name: _____ Reason for Termination: _____

Please Read Very Carefully

In making this application for employment an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or other acquaintances. Such an inquiry would include information as to character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Company. I understand this decision is to rest with the Company.

If employed, I agree to hold in strictest confidence any information concerning the Company, its Insured's, and its Agents which may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the Company, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of the Company, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of this Application For Employment does not guarantee that I have been employed by this Company.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that the Company requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the Company's discretion.

Applicant Signature: _____ Date: _____