

EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L

Name: Last	First	Middle	Date
Street Address			Home Phone ()
City	State	Zip	Business Phone ()
Have You ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security No.
Position Desired			Pay Expected
Apart from absence for religious observances, are you able to work full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in The United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work? _____
If applying for an Agent's position: 1. Do you have a vehicle available for work? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you ever been convicted of or are you currently charged with a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach certified copies of all plea agreements and court orders. 3. Have you been convicted or are you currently charged with the commission of any crime or pled nolo contendere in a criminal proceeding or have you received first offender treatment or had adjudication of guilt withheld in a criminal proceeding, other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a supplement giving full details and attach certified copies of plea agreements and all court orders.			Special Training or Skills

E D U C A T I O N

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH				<input type="checkbox"/> Yes <input type="checkbox"/> No	
ELEMENTARY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER				<input type="checkbox"/> Yes <input type="checkbox"/> No	

S I G N A T U R E

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so that I may obtain from them the nature and substance of the information contained in the report.

Date _____ Signature _____

EMPLOYMENT HISTORY

(Complete 5 Years for Licensing Requirements)

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name Of Supervisor	Weekly Pay Start Last
	State Job Title and Describe your Work	Reason For Leaving
2	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name Of Supervisor	Weekly Pay Start Last
	State Job Title and Describe your Work	Reason For Leaving
3	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name Of Supervisor	Weekly Pay Start Last
	State Job Title and Describe your Work	Reason For Leaving
4	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name Of Supervisor	Weekly Pay Start Last
	State Job Title and Describe your Work	Reason For Leaving
5	Company Name	Telephone ()
	Address	Employed (State Month & Year) From To
	Name Of Supervisor	Weekly Pay Start Last
	State Job Title and Describe your Work	Reason For Leaving