##### Application for Employment

|  |
| --- |
| Name (Last, First) |
| Present Address | City | State | Zip Code |
| Previous Address | City | State | Zip Code |
| Home Phone | Work | Cell |
| Desired Position | Date You Can Start | Desired Salary |
| Are you currently employed? | If so,may we contact your present employer? |
| When are you available to work (check all that apply)Cl Full-time Cl Part-lime Cl Weekends Cl Evenings | Do *you* speak or write in any foreign languages?**Cl** No**Cl** Yes,Which language(s) |
|  |  |

###### Education

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Location of School | Years Attended | Graduation Date | Area of Study |
| High School |  |  |  |
| College |  |  |  |
| Trade, Business or Correspondence School |  |  |  |
| US Military Service |  | Rank |

I**Speciat Skills**

means by which you operate your agency.

Describe any specialized training or skills that you possess. (e.g. computer, typing, telemarketing, sales, customer service, etc.)

**Work Experience**

Starting with your current or most recent job, complete the following for your four most recent jobs. Include information about job-related experience in the military, service organizations, or clubs. You may exclude organizations that indicate race, color, national origin, or *any* other classification.

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Employer | From | To | Final Salary |
| Address | City | State | Zip Code |
| Telephone | Job Duties Performed |
| Supervisor's Name |
| Reason for Leaving |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Employer | From | To | Final Salary |
| Address | City | State | Zip Code |
| Telephone | Job Duties Performed |
| Supervisor's Name |
| Reason for Leaving |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Employer | From | To | Final Salary |
| Address | City | State | Zip Code |
| Telephone | . | Job Dutres Performed |
|  |

Supervisor's Name

Reason for Leaving

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous Employer | From | To | Final Salary |  |
| Address | City | State | Zip Code |
| Telephone | Job Duties Performed |
| Supentisor's Name |
| Reason for Leaving |

**General**

Do you currently have a valid insurance license? CJ Yes CJ No

If yes. indicate state(s), license number, and line of insurance:

State Number Line of Insurance ------- State Number Line of Insurance \_

State \_ Number

Line of Insurance --------

Has your Insurance llcense(s) ever been suspended or revoked? CJ Yes CJ No

If yes, indicate state(s), license number, and reason:

State Number

Reason

State \_

Number

Reason

For the purpose of verifying insurance license information, have you used another name during the past 5 years?

lf so, what name? ---------------------------------------

Within the past 10 years:

Have you ever been convicted, plead nolo contendere to a criminal offense, either felony or

misdemeanor?

lf so,what crime? \_

When, where, and what was the deposition of the case? ----------------

For the purpose of verifying driving record information, please indicate your drivers license number below

Drivers license number -----------

Has your drivers ficense(s) ever been suspended or revoked? tJ Yes tJ No

If yes, indicate state(s), license number, and reason:

State Number \_\_ Reason

State \_

Number

R.eason

###### References

Provide the name, address, and telephone number of three references who are not related to you and who are not previous employers.

Name Address Telephone Number

Notice: An investigative consumer report may be ordered to check your background. You may request a detailed disclosure of the nature and scope of the investigation.

Icertify that the information contained in this form is correct to the best of my knowledge and Iunderstand that deliberate falsification of this information may lead to termination. Iauthorize the references listed above to give you any and all information concerning my previous employment/position and any pertinent information, they may have, personalor otherwise, and hereby release parties from any liability that may result from providing information.

Signature of Applicant

Date