

If no, please explain: _____

EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	HOW MANY YEARS ATTENDED?	DEGREE/GED RECEIVED	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

FROM	TO	EMPLOYER NAME	TELEPHONE NUMBER
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY	

FROM	TO	EMPLOYER NAME	TELEPHONE NUMBER
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY	

FROM	TO	EMPLOYER NAME	TELEPHONE NUMBER
JOB TITLE		ADDRESS	

IMMEDIATE SUPERVISOR		JOB RESPONSIBILITIES
REASON FOR LEAVING		HOURLY RATE/SALARY

FROM	TO	EMPLOYER NAME	TELEPHONE NUMBER
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY	

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS & PHONE	COMPANY	YEARS KNOWN

Additional job-related seminars, short courses, workshops, or other educational experiences:

PLEASE READ 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 and inquiry would include information as to character, general reputation, personal characteristics. You have to 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 reference, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they 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 is at will 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 knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for and may result in, my immediate termination.

I understand that the Company requires the successful completion of detailed pre-employment screenings. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the company's discretion.

Printed Name: _____

Date: _____

Signature: _____