

APPLICATION FOR EMPLOYMENT

South-West Insurance Agency, Inc.



AN EQUAL OPPORTUNITY EMPLOYER

We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, national origin, citizenship status, physical or mental disability or past, present or future service in the Uniformed Services of the United States, or any other legally protected status. We believe that the information solicited from the applicant is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP

Telephone () _____
Area Code

If employed and you are under 18, can you furnish a work permit? Yes No

Have you ever filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? _____

Rate of Pay expected? _____

Are you available to work Full Time? Part-Time? Temporary?

Are there certain hours and/or days when you would be unavailable to work? _____

Are you willing to work overtime? Yes No

Are you on a layoff and subject to recall? Yes No

Are you willing to travel if your job or training requires it? Yes No

Are you willing to use your own vehicle if your position requires it? Yes No

Do you type? Yes No If so, please give your typing speed: _____

Are you familiar with office automation? (Tele-Communications, Personal Computer (Windows), Microsoft Word and Data Entry) Yes No Please list types: _____

Have you worked with Sales, Marketing and/or Telemarketing? Yes No

If Yes, please give details. _____

Have you ever been convicted of a violation of the law except a minor traffic violation? Yes No

If Yes, please give full details. _____

(Conviction will not necessarily disqualify applicant from employment.)

Have you ever been discharged or requested to resign from a position? Yes No

If Yes, please give details. _____

Have you ever been Bonded? Yes No

Have you ever been refused a Bond? Yes No If yes, please give details. _____

Have you ever held a position of trust (handling money or confidential material?) Yes No

If Yes, please give details. _____

Why do you desire to make a change? _____

Do you have any reason to believe that you would have difficulty meeting our work schedules?

Yes No If yes, please give details. _____

List memberships and offices held in community, church, civic, volunteer organizations, associations, or business organizations: (You may exclude any which you think may disclose your race, color, religion, or national origin.)

Hobbies and other off-duty activities that you enjoy: _____

#1 EMPLOYMENT POSITION (*present or most recent*) **Job Title:** _____

Company Name: _____ City, State _____

Dates: ____|____ to ____|____ Report to: _____

May we contact this person? Yes No Telephone Number: _____

Salary|Wages / Starting|Final _____ Primary nature of the company's business: _____

Your primary duty or responsibility: _____

Management/Supervisory Skills (*if applicable*) — Number of people supervised: _____

Their titles: _____

List your major accomplishment (duty, activity or project): _____

Why did you leave or why are you interested in leaving? _____

List goal-oriented experiences that you had in your present or last position in which you acquired Skills and Duties, Responsibilities, Accomplishments, Achievements and Awards. _____

#2 EMPLOYMENT POSITION (*Prior*) **Job Title:** _____

Company Name: _____ City, State _____

Dates: ____|____ to ____|____ Report to: _____

May we contact this person? Yes No Telephone Number: _____

Salary|Wages / Starting|Final _____ Primary nature of the company's business: _____

Your primary duty or responsibility: _____

Management/Supervisory Skills (*if applicable*) — Number of people supervised: _____

Their titles: _____

List your major accomplishment (duty, activity or project): _____

Why did you leave or why are you interested in leaving? _____

List goal-oriented experiences that you had in your present or last position in which you acquired Skills and Duties, Responsibilities, Accomplishments, Achievements and Awards. _____

#3 EMPLOYMENT POSITION (*Prior*) **Job Title:** _____

Company Name: _____ City, State _____

Dates: ____|____ to ____|____ Report to: _____

May we contact this person? Yes No Telephone Number: _____

Salary|Wages / Starting|Final _____ Primary nature of the company's business: _____

Your primary duty or responsibility: _____

Management/Supervisory Skills (*if applicable*) — Number of people supervised: _____

Their titles: _____

List your major accomplishment (duty, activity or project): _____

Why did you leave or why are you interested in leaving? _____

List goal-oriented experiences that you had in your present or last position in which you acquired Skills and Duties, Responsibilities, Accomplishments, Achievements and Awards. _____

REFERENCES

(Do not List Relatives or Former Employers)

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

EDUCATION

Highest Degree, Certificate or Diploma earned: _____

Source of Education: _____ City, State _____

Did you work while attending school? Yes No Career Related? Yes No

Course work significant to career pursuit: _____

Academic Experiences: Honors, Scholarships, Assistantships, Research Projects: _____

ADDITIONAL TRAINING DEGREE/CERTIFICATE/DIPLOMA:

Title (& Major): _____

Source of Education: _____ City/State: _____

SEMINARS, WORKSHOPS, TRAINING (Title, Nature, Length, Source, Location, Year):

MILITARY SERVICE:

Branch: _____ Dates: _____ Highest Rank: _____

Specialty: _____ If you have other skills or special qualifications not previously listed, please list them here: _____

If there is other information of which we should be aware, please list it here: _____

Job Applicant's Agreement and Certification

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right.

If I am offered employment, I agree to submit to a physical examination wherever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures.

I understand that if employed, policies and rules which are issued are conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for 180 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

(Signature of Applicant)

(Date)

FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW :

YES NO

REMARKS: _____

INTERVIEWER: _____ DATE: _____

COMMENTS: _____

EMPLOYED:

YES NO

JOB TITLE: _____ HOURLY RATES/SALARY: _____

DEPARTMENT: _____

BY: _____

NAME AND TITLE

DATE