

**Affordable Insurance Agency**  
**Employment Application Form**  
*An Equal Opportunity Employer*

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**



**APPLICATION FOR EMPLOYMENT**  
**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

Telephone: \_\_\_\_\_

**EMPLOYMENT ELIGIBILITY:**

Are you a United States Citizen:  Yes  No

Are you an alien authorized to work in the United States  Yes  No

Have you ever been convicted of a felony?  Yes  No (If YES, attach an explanation)

Have you ever been convicted of any misdemeanor involving fraud, dishonesty, or moral turpitude?  Yes  No (If YES, attach explanation)

**TYPE OF WORK:**

Position Title: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

Are you available to work weekends?  Yes  No

**EDUCATION:**

Highschool Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Highschool Graduate or Equivalent (GED)?  Yes  No – If yes, completion date (mo/yr): \_\_\_\_\_

**Please list any higher education below:**

College/University/Trade School NAME OF SCHOOL	City & State	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE (BA, BS, MA, PhD)

**LANGUAGE SKILLS:**

Multi-Lingual (specify languages): \_\_\_\_\_  Sign Language

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**Licenses and Certifications:**

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

DO YOU HAVE A P&C LICENSE?  Yes  No

HAVE YOU EVER BEEN BONDED?  Yes  No NAME OF COMPANY: \_\_\_\_\_

HAVE YOU EVER BEEN KNOWN BY ANY NAME OTHER THAN THE ONE ON THIS APPLICATION?  Yes  No

Other names: \_\_\_\_\_

OFFICE ONLY

Typing  Yes  No \_\_\_\_\_ WPM  
10-key  Yes  No  
Word Processing  Yes  No \_\_\_\_\_ WPM  
Personal Computer  Yes  No PC  Mac   
Other Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

**Equal Employment Opportunity Information:** We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other protected class or characteristic. In order to track our applicant pool and monitor our compliance with equal employment opportunity guidelines, we kindly request that you voluntarily provide the following information.

**Circle all that apply:**

Gender (optional): Male Female Non-Binary Prefer not to say  
Ethnicity (Optional): Hispanic Not Hispanic or Latino Prefer not to say  
Race (Optional): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander  
White Prefer not to say  
Disability Status: Yes, I have a disability No, I do not have a disability Prefer not to say

This information is strictly voluntary and will be kept confidential. It will not be used in the hiring process and will have no impact on your application. We appreciate your cooperation in helping us ensure equal employment opportunities for Affordable Insurance Agency, Inc.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of <i>CURRENT</i> or last employer: _____	Name of last supervisor	Employment dates	Pay or salary
Address: _____			
City, State, Zip Code: _____		From	Start
Phone number: _____		To	Final
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Related computer skills:			

Name of previous employer: _____	Name of last supervisor	Employment dates	Pay or salary
Address: _____			
City, State, Zip Code: _____		From	Start
Phone number: _____		To	Final
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Related computer skills:			

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**Work experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of previous <i>employer</i> : _____	Name of last supervisor	Employment dates	Pay or salary
Address: _____			
City, State, Zip Code: _____		From	Start
Phone number: _____		To	Final
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company .			
Related computer skills:			

Name of previous <i>employer</i> : _____	Name of last supervisor	Employment dates	Pay or salary
Address: _____			
City, State, Zip Code: _____		From	Start
Phone number: _____		To	Final
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company .			
Related computer skills:			

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Affordable Insurance Agency (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Affordable Insurance Agency, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Affordable Insurance Agency may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.