



Application for Employment

This application will be valid for three months after its completion. If you wish to be considered for employment after that time, you must submit a new application. You must complete your own application (please print). Omissions or falsifications will result in ineligibility for employment or immediate dismissal if employed. Incomplete application forms will not be considered.

Personal Information

Last Name _____ First Name _____ Middle Name _____

Any other name(s) presently or formerly used _____ SSN# _____

Current Address _____

Previous Address _____

How long at the Current Address? _____ How long at the Previous Address? _____

Regardless of whether you have received a pardon or had a charge expunged, during your lifetime (including military service) have you ever: been convicted, or have you entered into a negotiated plea agreement or entered a plea of guilty or nolo contendere to a bill of information or indictment, or participated in a pretrial diversion program pursuant to a felony charge; have you ever been convicted of any misdemeanor involving moral turpitude or public corruption, or had a sentence suspended or had pronouncement of a sentence suspended in connection with any other felony or misdemeanor criminal activity? Yes No

If Yes, please explain the circumstances of the incident(s):

Please note that a conviction will not necessarily result in denial of employment. All factors will be considered.

Have you ever had an insurance license cancelled, refused, suspended, revoked or subject to any other disciplinary actions?

Yes No If Yes, please provide full details:

General Information

Position you are applying for _____ Salary desired _____

Date you are available to begin work _____

If you are currently employed, may we contact your employer? Yes No

Have you previously been employed by Eustis Insurance and Benefits, or it's affiliates? Yes No If Yes, when? _____

Have you previously applied for employment with Eustis Insurance and Benefits, or it's affiliates? Yes No If Yes, when? _____

Do you have any relatives employed by Insurance and Benefits, or it's affiliates? Yes No If Yes, whom, and what is your relationship to them?

Education

Please indicate the **highest** grade level completed by circling one of the following choices:

	Grade completed	Name of School	Location – City/State	Did you graduate?
High School	9 10 11 12			Yes No
College	1 2 3 4			Yes No
Graduate School	1 2 3 4			Yes No
Trade School	1 2 3 4			Yes No

List any academic, professional, trade, civic or social activities, offices held, or other related accomplishments.

Employment History

List below all of your previous employment. Account for all time periods, including any period of unemployment. If you have been self-employed, provide details such as the name of the company, location, and if/why the business was discontinued. Begin with your most recent job and work backwards.

Company Name and Address _____

Phone number _____ Type of business _____

Date started _____ Date left _____ Position held _____

Description of job duties _____

Final salary _____ Name of immediate supervisor _____

Reason for leaving _____

Company Name and Address _____

Phone number _____ Type of business _____

Date started _____ Date left _____ Position held _____

Description of job duties _____

Final salary _____ Name of immediate supervisor _____

Reason for leaving _____

Company Name and Address _____

Phone number _____ Type of business _____

Date started _____ Date left _____ Position held _____

Description of job duties _____

Final salary _____ Name of immediate supervisor _____

Reason for leaving _____

Special Skills

List and describe any special skills, experiences or aptitudes that you feel qualify you for a position with the Company:

Four horizontal lines for writing special skills.

References

List three business, professional or other references who can attest to your work capabilities (do not include relatives or former employers).

Table with 3 columns: Name, Phone Number, Relationship. Includes three horizontal lines for data entry.

I hereby certify that the answers given by me on this application are true, correct and complete. I agree that any misstatement or pertinent omission made by me on this application may be cause for my rejection as a candidate, or, if hired, may subsequently subject me to dismissal.

In the event of employment, I will comply with all company rules and regulations as may be established from time to time. I am willing to work all assigned overtime or other special work assignments as requested by the Company. Furthermore, since the company does not offer contracts of employment, I understand that nothing contained in this application form is intended to create a contract between me and the Company for either employment or the provision of any compensation or benefits. I understand that, if employed, I have the right to terminate my employment at any time; likewise, the Company has the same right.

Applicant signature

Date

We are an Equal Opportunity Employer.

All qualified applicants are considered for employment without regard to race, color, sex, age, religion, natural origin, disability, veteran or other protected status.