



EMPLOYMENT APPLICATION

Name(Last, First, M.I.)	Social Security Number
Street Address	Home Telephone
City, State, zip	Business Telephone
Position Applying For	Date

PERSONAL & CONFIDENTIAL

GENERAL INFORMATION

APPLYING FOR Full Time Part Time Other	DATE AVAILABLE FOR EMPLOYMENT	SALARY REQUIREMENTS
PREFERRED LOCATION	ARE YOU 18 YEARS OR OLDER? Yes No	IF NO, DO YOU HAVE A WORK PERMIT? Yes No
IF ANY OF YOUR EMPLOYMENT HAS BEEN UNDER A DIFFERENT NAME, PLEASE INDICATE NAME BELOW:		
ARE YOU ELIGIBLE FOR EMPLOYMENT IN U.S.? Yes No	HOW DID YOU LEARNED ABOUT US ? ___ Advertisement ___ Friend ___ Walk-In ___ Relative ___ Agency ___ Other	

Your response to the following question is voluntary and will be kept confidential.

Have you ever been convicted of a crime, either misdemeanor or felony, in a court of law or convicted through a court martial?

Yes No

If yes, Please identify and provide date(s) of conviction (s):

Do not include arrests, court martial, or other charges that did not result in a conviction.
 A record of conviction does not automatically disqualify you from employment consideration

EDUCATION

Education Institution	Name and Location of Educational Institution	Dates		Major	Years Completed	Degree / Diploma	Date Graduated
		From	To				
High School							
Other							

INDICATE FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

OTHER SKILLS

_____ Microsoft Word	_____ Insurance Software (Please List)
_____ Microsoft EXCEL	_____

PROFESSIONAL / BUSINESS REFERENCES

NAME	PHONE
NAME	PHONE
NAME	PHONE

EMPLOYMENT EXPERIENCE

(Please complete this section even if you attach a resume)

Previous Employers - beginning with current or most recent experience.

Name of Current / Most Recent Employer	Starting Date	Ending Date
Address	Starting Position	Ending / Current Position
City, State, zip	Starting Salary	Ending / Current Salary
Describe the Responsibilities of your Position		
Name and Title of Immediate Supervisor	May we contact Yes No	Phone
Reason(s) for Leaving		

Name of Previous Employer	Starting Date	Ending Date
Address	Starting Position	Ending / Current Position
City, State, zip	Starting Salary	Ending / Current Salary
Describe the Responsibilities of your Position		
Name and Title of Immediate Supervisor	May we contact Yes No	Phone
Reason(s) for Leaving		

Name of Previous Employer	Starting Date	Ending Date
Address	Starting Position	Ending / Current Position
City, State, zip	Starting Salary	Ending / Current Salary
Describe the Responsibilities of your Position		
Name and Title of Immediate Supervisor	May we contact Yes No	Phone
Reason(s) for Leaving		

AGREEMENT AND CERTIFICATION

My signature below constitutes full acceptance of employment application in its entirety and certifies that the information provided herein is true and correct to the best of my knowledge.

I voluntarily authorize A-MAX Auto Insurance to make investigation of my person, employment, and other related matters as may be necessary in arriving at an employment decision or verify information related to my application. I hereby release from all liability all persons or entities supplying or collecting such information. If I am offered employment, I understand the offer is contingent on the outcome of any investigations or reference checks satisfactory to A-MAX AUTO INSURANCE.

If I am employed, I understand that if I have deliberately omitted or given false or misleading information in this application, my resume (if any), or interview(s) I may be discharged. If A-MAX AUTO INSURANCE accepts me for employment, I agree to abide by all of A-MAX Insurance Agencies policies and practices during my employment.

I understand that my employment is contingent on my successful compliance with all eligibility verification requirements as required by the Department of Homeland Security.

If I am employed, I understand that my employment is "at will" and for no definite period of time. Either A-MAX Auto Insurance or I may terminate my employment at any time, with or without cause and with or without notice. I further understand that my employment is at will regardless of any statement made by any A-MAX Auto Insurance's agent or in any A-MAX Auto Insurance's policies, practices, handbook, program, or any other written or oral materials. I understand that no representative of A-MAX Auto Insurance, other than the President of A-MAX Auto Insurance, has the authority to make arrangements with me concerning the length of my employment or salary. Such agreements must be in writing and signed by President of A-MAX Auto Insurance.

Signature of Applicant

Date

A-MAX AUTO INSURANCE and affiliated companies afford equal opportunity in employment to all qualified persons regardless of race, color, religion, sex, age, national origin, sexual preference, disability, veteran status, or any other factors prohibited by law. Discrimination in employment practices is prohibited by federal and state laws.