



Fidishun

INSURANCE & FINANCIAL

Application for Employment
An Equal Opportunity Employer

Personal Information

Name (Last, First, MI)		SS#	
Address	City	State	Zip
Home Phone #		Cell #	
Are you 18 years or older? <input type="checkbox"/> yes <input type="checkbox"/> no			

Desired Position

Position	Date you can start	Salary Desired
Are you employed now? <input type="checkbox"/> yes <input type="checkbox"/> no	May we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no	
How did you find out about this position?	<input type="checkbox"/> Full Time Position <input type="checkbox"/> Part Time Position	

Education

School Level	Name & Location of School	# Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				

General

Subjects of Special Study of Research Work

Special Training

Special Skills

Special Licenses/Certificates

Former Employers

List Below Last Three Employers, Starting with the most recent

Name of Present/Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Ending Salary	May we contact you supervisor?	
Name of Supervisor		Title	Phone #
Description of work			
Reason for leaving			

Name of Present/Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Ending Salary	May we contact you supervisor?	
Name of Supervisor		Title	Phone #
Description of work			
Reason for leaving			

Name of Present/Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Ending Salary	May we contact you supervisor?	
Name of Supervisor		Title	Phone #
Description of work			
Reason for leaving			

References

Below, give the names of at least three persons you are not related to, whom you have known for at least one year.

Name	Address and Phone Number	Years Known

Have you ever been convicted of a crime other than a minor traffic violation?

yes no

If yes, explain (will not necessarily exclude you from consideration)

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that to no of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

Date

Signature