



Application for Employment- We are an Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For

Date of Application

How Did You Learn About Us?

- | | |
|--|--|
| <input type="radio"/> Advertisement
<input type="radio"/> Employment Agency
<input type="radio"/> Friend | <input type="radio"/> Relative
<input type="radio"/> Inquiry
<input type="radio"/> Other _____ |
|--|--|

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Email Address

Best time to contact you at home is: _____	Yes	No
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before? If yes, give date _____	Yes	No
Have you ever been employed with us before? If yes, give date _____	Yes	No
Do any friends or relatives, other then spouse work here? If yes, give name and relationship, and location _____	Yes	No
Are you currently employed?	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? (Proof of Citizenship or immigration status will be required upon employment)	Yes	No
Date available for work ____/____/____		
Are you available to work: Full Time Part Time Temporary- When? _____		
Are you currently on "lay-off" status and subject to recall?	Yes	No
Can you travel if a job requires it?	Yes	No

EDUCATION

<u>School</u>	<u>Name/Address</u>	<u>Course of Study</u>	<u>Years Completed</u>	<u>Diploma/Degree</u>
<u>High School</u>				
<u>Undergraduate College</u>				
<u>Graduate/Professional</u>				
<u>Other (Specify)</u>				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which may indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed	
Address	From	To
Telephone Number(s)	Work Performed:	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May we Contact?	Yes No
Employer	Dates Employed	
Address	From	To
Telephone Number(s)	Work Performed:	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May we Contact?	Yes No
Employer	Dates Employed	
Address	From	To
Telephone Number(s)	Work Performed:	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May we Contact?	Yes No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States Military.

List any professional, trade, business, or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.)

ADDITIONAL INFORMATION

Other Qualifications (Summarize special job related skills and qualifications acquired from employment or other experience)

SPECIALIZED SKILLS (Skills/Equipment Operated)

- | | |
|---|--|
| <input type="radio"/> Typing | <input type="radio"/> Rating Systems |
| <input type="radio"/> Excel | <input type="radio"/> Languages spoken |
| <input type="radio"/> Customer Service | <input type="radio"/> Other _____ |
| <input type="radio"/> Agency Management Systems | |

Describe:

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___Yes ___No

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors.)

<u>Name</u>	<u>Phone Number</u>	<u>Best time to call</u>	<u>Occupation</u>
1.			
2.			
3.			

APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Please complete, sign, and return to Pamela Oddi via email at poddi@binsurance.com. Thank you.