

Employment Application

Personal Information

Date	Name (Last Name, First)				
Present Address		Apt. No.	City	State	Zip
Permanent Address		Apt. No.	City	State	Zip
Home Phone			Cell Phone		

Desired Employment

Position		Date you can start	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever applied to this Agency <input type="checkbox"/> Yes <input type="checkbox"/> No When?		
Do you have any friends or relatives employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name		Relationship	
If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Who referred you to this Agency? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Online <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement <input type="checkbox"/> Walk-in <input type="checkbox"/> Other (Explain)				

Education

School Level	Name and Location of School	No. of Years Completed	Did you Graduate	Subjects Studied
High School			<input type="checkbox"/> Y <input type="checkbox"/> N	
College			<input type="checkbox"/> Y <input type="checkbox"/> N	
College			<input type="checkbox"/> Y <input type="checkbox"/> N	
Business or Vocational School			<input type="checkbox"/> Y <input type="checkbox"/> N	
For what lines of insurance are you licensed?				
What professional designations do you hold?				

General

Subjects of Special Study or Research work
Special Training

Former Employers

List below last three employers, starting with most recent

Name of Present or Last Employer			
Address		City	State
Zip code			
Starting Date	Leaving Date		Job Title
Reason For Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title		Phone Number
Description of Work			
Name of Previous Employer			
Address		City	State
Zip code			
Starting Date	Leaving Date		Job Title
Reason For Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title		Phone Number
Description of Work			
Name of Previous Employer			
Address		City	State
Zip code			
Starting Date	Leaving Date		Job Title
Reason For Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title		Phone Number
Description of Work			

References

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

Name	Address	Phone Number	Business	Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Leap | Carpenter | Kemps Insurance Agency to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Agency any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Agency, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Agency. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Agency, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Agency's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Agency, I am entitled to copies of any such public records obtained by the Agency unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☒ I waive receipt of a copy of any public record described in the paragraph above.

_____ Date

_____ Applicant's Signature