

Application for Employment



General Information

Name (Last, First, M.I.)			Date of Application	
Mailing Address		City	State	Zip Code
Mobile Phone	Work Phone	Home Phone	E-Mail Address	
Do you have the legal right to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least eighteen (18) years of age?	
Have you ever been employed by Calvo's Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates and position	
Are you related to anyone working at Calvo's Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name and relationship	
How did you hear about the position?				
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If selected for employment, are you willing to submit to a pre-employment drug test?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been discharged or asked to resign? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:				

Employment Interest

The position you are applying for:	Date you can start	Hourly Rate/Salary Desired
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Education

Type	Name and Address of School	No. of Years Attended	Did You Graduate	Degree Received	Major
High School					
College/Jr. College					
Graduate School					
Other					

Experience, Training & Special Skills

P&C License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Health License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Life License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
Professional Designations Achieved:			
Software	Skill Level	Software	Skill Level
Microsoft Word	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Microsoft Excel	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Microsoft Outlook	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Microsoft PowerPoint	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Others:			<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

What other skills would you bring to the job you are applying for?

Why do you think you would make a good addition to our team?

What attracted you to apply at Calvo's Insurance?

Employment History

Please list present and past employment, starting with your most recent employer. If you held more than one position with the same employer, please list each position separately. Please include military service. You may also include volunteer work. Please account for periods of unemployment.

Employer (1)				Address	
Type of Business		Name & Title of Immediate Supervisor		Telephone	
Dates Employed		Salary		Status	
From	To	Starting	Final	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Position or Title					
Description of Duties					
Reason for Leaving					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, state reason	
				Your name then, if different	

Employer (2)				Address	
Type of Business		Name & Title of Immediate Supervisor		Telephone	
Dates Employed		Salary		Status	
From	To	Starting	Final	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Position or Title					
Description of Duties					
Reason for Leaving					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, state reason	
				Your name then, if different	

Employer (3)				Address	
Type of Business		Name & Title of Immediate Supervisor		Telephone	
Dates Employed		Salary		Status	
From	To	Starting	Final	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Position or Title					
Description of Duties					
Reason for Leaving					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, state reason	
				Your name then, if different	

Employer (4)		Address		
Type of Business		Name & Title of Immediate Supervisor		Telephone
Dates Employed		Salary		Status
From	To	Starting	Final	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Position or Title				
Description of Duties				
Reason for Leaving				
May we contact this employer?		If no, state reason		Your name then, if different
<input type="checkbox"/> Yes <input type="checkbox"/> No				

References

List at least three professional references who are not former employers and are not related to you

	Name & Address	Telephone	Occupation	Years Known
1		Home		
		Work		
2		Home		
		Work		
3		Home		
		Work		

Applicant Certification

Please read carefully before signing

I hereby certify that all of the information contained in this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements or material omissions, whenever discovered, regarding this application or any accompanying resume, are grounds for refusal of employment, or if employed, dismissal from employment.

I understand that if employed, my employment with Calvo's Insurance is at will, which means I am free to resign at any time, with or without notice, and with or without cause and Calvo's Insurance is free to terminate my employment at any time, with or without notice, and with or without cause.

I understand that I may be required to submit to a complete medical examination, including drug screening, as a condition of employment, and at any time during my employment, the cost of which will be paid by Calvo's Insurance. I authorize the physician conducting the examination and ordering any laboratory testing, to disclose the results of the examination and the laboratory tests to the Human Resources Manager of Calvo's Insurance.

I authorize Calvo's Insurance to make any investigation of my personal, educational, financial or employment history and I authorize any employer and any other person, firm, corporation, institution or government agency to give Calvo's Insurance any information they may have about me, verbally, in writing, or by facsimile transmission. In consideration of Calvo's Insurance's review of my application for employment, I release Calvo's Insurance and all providers of information from any liability as a result of furnishing or receiving this information.

I understand that this is only an application for employment, not a promise or guarantee the employment is currently available or the employment is being or will be offered to me. I certify that I have read and fully understand the foregoing statements and that I seek employment with Calvo's Insurance under these conditions.

Name of Applicant (print)	Signature of Applicant	Date
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Your application will be retained in our active files for a period of three (3) months. If you have not been employed by Calvo's Insurance within this period of time, and you still desire to be considered for employment, it will be necessary for you to complete a new application form.

Calvo's Insurance is an Equal Opportunity and Affirmative Action Employer. Thank you for your interest in working with us.

Past & Current Employment References



Job Applicant please complete only the first portion of this page.

To be completed by Job Applicant	Release of Liability
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Employee Name

I authorize Calvo's Insurance to make an investigation of my personal, educational, and financial or employment history and authorize any employer and any other person, firm, corporation, institution or government agency to give Calvo's Insurance any information they may have about me. In consideration of Calvo's Insurance review of my application for employment, I release Calvo's Insurance and all providers of information from any liability as a result of furnishing or receiving this information.

Job Applicant's Signature

Date

To be completed by Employer	Employer Information
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Employer Name

Address

The above-named person has applied for employment with Calvo's Insurance. He/She has provided your company name as a current or former employer. Please complete the below requested information. We appreciate your reply.

To be completed by Employer	Reply
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Position Held

Dates From To

Salary at Hire

Salary at Termination

Per

Per

Work performance

Excellent Good Satisfactory Below Average*

*Please Explain

Reliability / Dependability

Excellent Good Satisfactory Below Average*

*Please Explain

Honesty

Excellent Good Satisfactory Below Average*

*Please Explain

Attitude

Excellent Good Satisfactory Below Average*

*Please Explain

Attendance

Excellent Good Satisfactory Below Average*

*Please Explain

Comments

Reason for Leaving

Eligible for Rehire? Yes No If "no", please comment

Completed by (Print)

Title

Signature

Date

Please return via fax to Calvo's Insurance: (671) 477-4141