

EMPLOYMENT APPLICATION

Employer: Caldwell & Associates Insurance Services, Inc.
Address: 1173 S 250 W #306
City/State/Zip: St. George, Utah 84770
Telephone: (435) 628-5378 Fax: (435) 628-2224

It is the policy of Caldwell & Associates Insurance Services, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

APPLICANT INFORMATION

Applicant Name: _____
Address: _____
City/State/Zip: _____
Yrs at this address: _____
Daytime phone: () _____ - _____
Evening phone: () _____ - _____
SSS#: _____

EMERGENCY CONTACT INFORMATION

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/Zip: _____
Daytime phone: () _____ - _____ Evening phone: () _____ - _____

POSITION DESIRED

Job Position Applied For: _____
Salary Desired: \$ _____ per _____

Referral Source

Who referred you to our company? _____

Have you applied to our company previously? If yes, when? _____ YES NO

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Are you at least 18 years old?

YES

NO

How will you get to work?

Driver's License Number:

What state issued your license?

If you are offered employment, when would you be available to begin work?

Are you legally eligible for employment in the United States?

YES

NO

Are you able to perform the essential functions of the job position with or without reasonable accommodation?

YES

NO

What reasonable accommodation, if any, would you require?

Have you ever been convicted of any crime, including traffic violations?

YES

NO

If yes, please describe:

APPLICANT EMPLOYMENT HISTORY

Employer Name:

Address:

City/State/Zip:

Job Duties:

Reason for Leaving:

Dates of Employment:

FROM ____ / ____ TO ____ / ____

Employer Name:

Address:

City/State/Zip:

Job Duties:

Reason for Leaving:

Dates of Employment:

FROM ____ / ____ TO ____ / ____

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Employer Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment: FROM ____ / ____ TO ____ / ____

EDUCATION & TRAINING

High School Name and Address _____
Last Grade? ____ 9 ____ 10 ____ 11 ____ 12 Diploma? YES NO
College Name and Address _____
Did you receive a degree? _____ Yes _____ No If yes, degree received: _____
Other Training
(graduate, technical, vocational): _____
Awards, Honors,
Special Achievements: _____

APPLICANT'S SKILLS

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

SKILL	YEARS OF EXPERIENCE	ABILITY OR RATING
Word Processing (Word)	_____	1 2 3 4 5 []
Excel	_____	1 2 3 4 5 []
Database (Access, CSV, Etc)	_____	1 2 3 4 5 []
Internet – General Knowledge	_____	1 2 3 4 5 []
HTML	_____	1 2 3 4 5 []
Accounting/Bookkeeping	_____	1 2 3 4 5 []
Filing	_____	1 2 3 4 5 []

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Communication - Telephone		1	2	3	4	5	[]
Communication - Face-to-Face		1	2	3	4	5	[]
Communication - Written		1	2	3	4	5	[]
Insurance Office	_____	1	2	3	4	5	[]
Commercial Lines CSR	_____	1	2	3	4	5	[]
Insurance Office Management	_____	1	2	3	4	5	[]
Insurance Marketing	_____	1	2	3	4	5	[]
_____	_____	1	2	3	4	5	[]
_____	_____	1	2	3	4	5	[]
_____	_____	1	2	3	4	5	[]

REFERENCES

List any two people who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Relationship: _____

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Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize Caldwell & Associates Insurance Services, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Caldwell & Associates Insurance Services, Inc., except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE