

# DeWitt Insurance Agency

## APPLICATION FOR EMPLOYMENT

Position Desired: \_\_\_\_\_  Full time  Part time Date \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**  
**APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I am employed on an "at will" basis which means that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing, signed by the President.

**I AGREE THAT ANY DISPUTE BETWEEN ME AND THE COMPANY RELATED TO MY APPLICATION FOR EMPLOYMENT OR MY EMPLOYMENT, IF I AM HIRED, WILL BE RESOLVED THROUGH MUTUALLY BINDING ARBITRATION IN ACCORDANCE WITH THE COMPANY'S ARBITRATION POLICY AND PROCEDURE. I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW THE POLICY AND PROCEDURE PRIOR TO SIGNING THIS DOCUMENT.**

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them, whether favorable or unfavorable. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand if I am employed and any such information is later found to be false, incomplete or misleading in any respect, I will be dismissed.

**\* \* \* AUTHORIZATION TO OBTAIN CONSUMER REPORTS \* \* \***

**IT HAS BEEN DISCLOSED TO ME THAT THE COMPANY MAY OBTAIN ONE OR MORE CONSUMER REPORTS ON ME FOR USE IN CONNECTION WITH MY APPLICATION OR FOR OTHER EMPLOYMENT-RELATED PURPOSES. THESE REPORTS, WHICH MAY INCLUDE CREDIT BUREAU REPORTS, CRIMINAL RECORDS AND DRIVING RECORDS. I AUTHORIZE THE COMPANY OR PERSONS ACTING ON ITS BEHALF TO OBTAIN THESE REPORTS.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

### PERSONAL DATA

Name \_\_\_\_\_  
(Print) Last First Middle

Soc. Sec. No. \_\_\_\_\_

Present Address \_\_\_\_\_  
Street and Number City State Zip

How long have you lived there? \_\_\_\_\_  
Years Months

Previous Address \_\_\_\_\_  
Street and Number City State Zip

How long did you live there? \_\_\_\_\_  
Years Months

Telephone No. \_\_\_\_\_

Are you at least 18 years of age?  
 Yes  No

Do you have any friends or relatives working here?  Yes  No

If Yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime?  Yes  No

Do you have any criminal charges pending?  Yes  No If Yes to either question, please give date and details of each:

**NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.**

## RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>	
Address					
City, State, Zip Code		To (mo/yr)	Final \$		<u>Supervisor</u>
Telephone					
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>	
Address					
City, State, Zip Code		To (mo/yr)	Final \$		<u>Supervisor</u>
Telephone					
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>	
Address					
City, State, Zip Code		To (mo/yr)	Final \$		<u>Supervisor</u>
Telephone					
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>	
Address					
City, State, Zip Code		To (mo/yr)	Final \$		<u>Supervisor</u>
Telephone					
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>	
Address					
City, State, Zip Code		To (mo/yr)	Final \$		<u>Supervisor</u>
Telephone					
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>	
Address					
City, State, Zip Code		To (mo/yr)	Final \$		<u>Supervisor</u>
Telephone					

Have you ever been terminated or asked to resign from any job? [ ] Yes [ ] No If Yes, please explain circumstances:

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Please explain fully any gaps in your employment history:

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May we contact your current employer? [ ] Yes [ ] No. If No, please explain:

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## EDUCATION

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
	Elementary 4 5 6 7 8			
	High School 9 10 11 12			
	College 1 2 3 4			
	Graduate School 1 2 3 4			
	Trade or Correspondence			
	Other			

## PERSONAL REFERENCES

Please list persons who know you well -- not previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

## EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home address \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street City State Zip

Work address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City State Zip

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

## DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS

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We may obtain a consumer report or reports in connection with your application for employment and for other employment-related reasons during your employment, if you are hired. "Consumer report" includes, but is not limited to, credit reports, criminal background checks, and department of motor vehicle reports. We may also obtain an "investigative consumer report" which is information obtained through personal interviews with neighbors, friends, associates, acquaintances and others. You have the right to request disclosure of the nature and scope of such an investigation should one be conducted. You also have the right to request a written summary of consumer rights. If you wish to request the disclosure or the summary, please indicate below.

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## AUTHORIZATION

I authorize the Company or entities acting on its behalf to obtain consumer reports regarding me from time to time for employment purposes as described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Full Name: \_\_\_\_\_

Please Print Maiden or Any Other Names Under Which Records May be Listed:

\_\_\_\_\_

Please list all states in which you have resided in the last seven (7) years:

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

**NOTE: Date of Birth** information will only be used by the reporting agency to ensure accurate identification. It will not be used by the Company in making any employment decision. The Age Discrimination in Employment Act prohibits discrimination based on age.

**PLEASE RETURN THIS FORM WITH YOUR APPLICATION**