



EMPLOYMENT APPLICATION

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security #: _____

Email: _____

If hired, can you provide documents required to prove that you are authorized to work in the US? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you 18 years of age or older? Yes No
 Have you ever filed an application with us before? Yes No If yes, give date _____
 Have you ever been employed with us before? Yes No If yes, give date _____
 Are you currently employed? Yes No
 May we contact your present employer? Yes No

Type of work desired _____
 Desired pay _____ Length of time you plan to work _____

How were you referred to our organization? _____
 Do you have friends or relatives who are employed by this organization? Yes No

Please specify _____
 Is there any information we would need about your name or use of another name for us to be able to check your work record? Yes No

Please specify _____
 On what date would you be available to work? _____

Are you available to work? Full Time Part time Temporary
 Are you currently in "layoff" status and subject to recall? Yes No
 Can you travel if a job requires it? Yes No
 Have you ever been convicted of a felony? Yes No
 Conviction will not necessarily disqualify an applicant from employment. If yes, please explain _____

Education	Name and Location of School	Major	Diploma/Degree
High School	_____	_____	_____
College/University	_____	_____	_____
Other Training/Education	_____	_____	_____

Please list any additional information that relates to your ability to perform the job for which you have applied - such as licenses, professional memberships, hobbies, etc. _____

Skills Inventory: Check all areas in which you have past experience:

- | | | |
|--|--|---|
| <input type="checkbox"/> Bookkeeping/Accounting | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Electrical, Plumbing or Contracting | <input type="checkbox"/> Telephone Switchboard | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Insurance Loss Adjusting |
| <input type="checkbox"/> Filing/Mail Processing | <input type="checkbox"/> Marketing | <input type="checkbox"/> Underwriting |

WORK HISTORY

Most Recent Employer _____	Address _____	Telephone _____
Date Started _____	Starting Salary _____	Starting Position _____
Date Left _____	Salary on Leaving _____	Position on Leaving _____
Name and Title of Supervisor _____		Reasons for Leaving _____
Description of Duties _____ _____		

Previous Employer _____	Address _____	Telephone _____
Date Started _____	Starting Salary _____	Starting Position _____
Date Left _____	Salary on Leaving _____	Position on Leaving _____
Name and Title of Supervisor _____		Reason for Leaving _____
Description of Duties _____ _____		

Previous Employer _____	Address _____	Telephone _____
Date Started _____	Starting Salary _____	Starting Position _____
Date Left _____	Salary on Leaving _____	Position on Leaving _____
Name and Title of Supervisor _____		Reason for Leaving _____
Description of Duties _____ _____		

References: Give name, address and telephone number of three references not related to you and not previous employers.

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract for employment. I understand that to be employed I must be lawfully authorized to work in the United States and I must show the employer documents that will prove this.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

This written employment-at-will agreement cannot be altered verbally and cannot be changed in writing unless signed by the President of the Company.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature

Date

PERSONNEL SCREENING QUESTIONNAIRE

Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

(DOB is required for identification only, and is in no manner used as qualification for employment.)

I hereby authorize CFM Insurance Inc to request and receive any information and records concerning me, including but not limited to consumer credit, criminal history, worker’s comp, employment, military, civil and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers.

I further release and discharge CFM Insurance Inc and every employee or agent of them, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to the consumer reporting firm for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I further understand that consumer reporting information pursuant to the Fair Credit Reporting Act is not intended to authorize or condone a prospective employer’s request for and reliance upon information for purposes which are not legitimate under the Fair Credit Reporting Act or any federal or state employment laws. I acknowledge that I have voluntarily provided the above information for employment purposes, and I have carefully read and I understand this authorization.

I have been given a stand alone, consumer notification that a report will be will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Signature

Date