

# Employment Application

JEFFREY ALLEN CORPORATION

Position applying for: \_\_\_\_\_

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Last

First

Middle

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations?

Yes  No

If necessary for the job are you older than:

14  15  16 (Check one)

18  19  21

I am legally eligible for employment in the U.S.?

Yes  No

I am seeking a permanent position:  Yes  No

**If necessary for the job, I am able to:**

Work overtime?

Yes

No

Provide a valid State Driver's License?

Yes

No

If so, fill out the following: Issuing state: \_\_\_\_\_

**I will be able to report to work**  
**\_\_\_\_\_ days after being notified I am hired.**

**Salary Desired:** \_\_\_\_\_

Also fill out the Disclosure Consent for Employment Purposes in attached file.

## EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:
_____	_____	_____	_____
Pay: \$	Supervisor:	Reason for leaving:	
Per: _____	Telephone: _____	_____	
Employer name and address:	Position title/duties, skills:	Start date:	End date:
_____	_____	_____	_____
Pay: \$	Supervisor:	Reason for leaving:	
Per: _____	Telephone: _____	_____	
Employer name and address:	Position title/duties, skills:	Start date:	End date:
_____	_____	_____	_____
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Employer name and address:	Position title/duties, skills:	Start date:	End date:
_____	_____	_____	_____
Pay: \$	Supervisor:	Reason for leaving:	
Per: _____	Telephone: _____	_____	

## EDUCATION

	Institution name	Years completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical				

## MILITARY

Are you a veteran?  Yes  No

Duty/specialized training: \_\_\_\_\_

## SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

## REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

## CONTACT

In case of accident or illness, please contact: Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

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

Date \_\_\_\_\_

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

**DISCLOSURE UNDER  
FAIR CREDIT REPORTING ACT  
AND  
CONSENT TO PROCUREMENT OF  
CONSUMER REPORT  
FOR  
EMPLOYMENT PURPOSES**

The undersigned hereby authorizes Jeffrey Allen Corporation or its insurance agency AssuredPartners, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_  
Print Name

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

Drivers License #: \_\_\_\_\_

State Licensed In: \_\_\_\_\_

Social Security #: \_\_\_\_\_