

Abbott & Fillmore Agency, Inc.

Employment Application

(Note: Best way to go thru this is by using "tab" key to go to next field)

Today's Date:

Personal Information

IMPORTANT: you need to **SAVE** this file to your computer **BEFORE** filling out. **THEN** call up that file, fill it out, then **SAVE** it again. Then send to us. Otherwise, it won't save anything you plugged in. :)

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Work phone number

Facsimile number

E-mail address

Social security number

Driver's license number/state/expiration

*(job may involve some driving)***Employment Desired**

Position applied for

How did you hear about this position?

Date available for work

Desired hours (full time, part time, etc.)

Are you available to work Saturday mornings from 9am until noon? ☐ YES ☐ NO**Education**

	Name and Address of School	Course of Study	Total Years of Study & Grade Completed	Degree/Diploma	Final GPA
High School					
Undergraduate College					
Graduate/ Professional					
Other (Specify)					

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):

.....

.....

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Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? ☐ YES ☐ NO

1.	Employer (current ☐ Yes ☐ No)	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
Reason(s) for leaving				
What value did you add to this company or its customers?				
2.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
Reason(s) for leaving				
What value did you add to this company or its customers?				

[PLEASE CONTINUE ON NEXT PAGE]

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Employment History

3.	Employer		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
4.	Employer		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

[PLEASE PLACE ADDITIONAL EMPLOYERS ON SEPARATE PIECE OF PAPER]

[PLEASE CONTINUE ON NEXT PAGE]

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Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

List languages that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

Identify what skills or certification you possess related to this position:

If you are hired, what value would you add to our company?:

Describe what you believe are the most unique features of your work history:

Do you type? If so, approximately how many words per minute?

What are your expectations, hopes and requirements for the pay wage?

Do you require benefits such as Medical Insurance? Explain.

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Additional Information

Have you ever been employed with this company before? ☐ Yes ☐ No
If Yes, when? _____

Do you have any friends or relatives employed by this company? ☐ Yes ☐ No
If Yes, please provide their names and relationship to you: _____

Are you currently employed? ☐ Yes ☐ No
May we contact your employer? ☐ Yes ☐ No
Are you currently on "lay off" status and subject to recall? ☐ Yes ☐ No

If you are under 18 years of age, can you provide proof of your eligibility to work? ☐ Yes ☐ No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? ☐ Yes ☐ No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? ☐ Yes ☐ No
If Yes, please explain: _____

Do you smoke? ☐ Yes ☐ No

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)" ☐ Yes ☐ No ☐ N/A

If hired, do you have a reliable means of transportation to and from work? ☐ Yes ☐ No

If hired, would you be able to travel or work overtime as needed? ☐ Yes ☐ No

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Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If Yes, please explain: _____

INSTRUCTIONS FOR ANSWERING APPLICATION QUESTION ABOUT BEING CONVICTED OF A CRIME OR OTHER STATE-SPECIFIC REQUIREMENTS

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question. If you are applying for a position with our company in the following states, please read the following instructions before responding.

Assuming you like the job, what is your intent on how long you would plan to keep working at this job if hired? _____

What do you foresee as a reason (other than dismissal) that would cause you to resign from this position if you are hired?

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

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Additional Information: Please write a paragraph about yourself.

Include:

Where you live

What you like to do

Your favorite subject in school

Your most disliked subject in school

If not yet graduated, what you plan to do upon graduation

Anything else you might like to include

Additional Space

Please use additional paper if necessary to expand on any points or questions asked previously in this application

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Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

_____ This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

_____ This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Testing Authorization

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I authorize ordering reports and investigation of any of these items.

Company Obligation

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature

Type Full Name for Signature

Date