

**REYNOLDS INSURANCE AGENCY, INC.
AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**

POSITION YOU ARE APPLYING FOR: _____

DATE: _____

PERSONAL INFORMATION

NAME: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

TELEPHONE NUMBER: _____ **ARE YOU 18 YEARS OLD OR OLDER? YES** ___ **NO** ___

SOCIAL SECURITY NUMBER: _____ **ARE YOU 21 YEARS OLD OR OLDER? YES** ___ **NO** ___

DESIRED EMPLOYMENT

POSITION: _____ **DATE AVAILABLE:** _____ **SALARY DESIRED?** _____

ARE YOU CURRENTLY EMPLOYED? _____ **IF SO, MAY WE CONTACT YOUR EMPLOYER?** _____

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS COMPANY? _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? _____

IF YES, LIST POSITION AND DATE _____ **SUPERVISOR'S NAME** _____

REASON FOR LEAVING: _____

HOW DID YOU LEARN OF THIS COMPANY? _____

EDUCATION

SCHOOL LEVEL	NAME & LOCATION	NO. OF YEARS ATTENDED	DEGREE/ DIPLOMA	SUBJECTS STUDIED
HIGH SCHOOL	_____	_____	_____	_____
TECHNICAL/ VOCATIONAL	_____	_____	_____	_____
COLLEGE/ UNIVERSITY	_____	_____	_____	_____

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST FIVE YEARS? YES _____ NO _____

IF YES, PLEASE EXPLAIN. THIS WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION:

EMPLOYMENT HISTORY LIST LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS (MAILING)

STARTING DATE _____ ENDING DATE _____ JOB TITLE _____

STARTING SALARY _____ ENDING SALARY _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME OF SUPERVISOR _____ TITLE _____ PHONE _____

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PREVIOUS EMPLOYER

ADDRESS (MAILING)

STARTING DATE _____ ENDING DATE _____ JOB TITLE _____

STARTING SALARY _____ ENDING SALARY _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME OF SUPERVISOR _____ TITLE _____ PHONE _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER

ADDRESS (MAILING)

STARTING DATE _____ ENDING DATE _____ JOB TITLE _____

STARTING SALARY _____ ENDING SALARY _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME OF SUPERVISOR _____ TITLE _____ PHONE _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING

REFERENCES

PROVIDE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO BUT WHO YOU HAVE KNOWN FOR AT LEAST 1 YEAR

NAME

ADDRESS

BUSINESS

TELEPHONE

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein. I authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from any liability from damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

SIGNATURE

DATE

FOR OFFICE USE ONLY INTERVIEWED BY: _____ HIRED: YES _____ NO _____

POSITION: _____ REPORT TO: _____ SALARY: _____ APPROVED BY: _____