

# Application for Employment Loomis Insurance Agency, Inc.

## PERSONAL INFORMATION

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

PERMANENT ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER Yes \_\_\_\_\_ No \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes \_\_\_\_\_ No \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes \_\_\_\_\_ No \_\_\_\_\_  
IF YES PLEASE ATTACH DETAILS.

---

---

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

---

---

## EDUCATION

### HIGH SCHOOL:

NAME OF SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_ DATE GRADUATED \_\_\_\_\_

### COLLEGE OR TRADE SCHOOL:

NAME OF SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_ DATE GRADUATED \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_ DATE GRADUATED \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ YEARS ATTENDED \_\_\_\_\_ DATE GRADUATED \_\_\_\_\_

**ANY LICENSES OR DESIGNATIONS HELD:**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

=====

**FORMER EMPLOYERS** (list below last three employers, starting with last one first)

DATE:	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_

ARE YOU WILLING TO WORK IN A SMOKE FREE ENVIROMENT? Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address Phone

**“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATION ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND NO REPRESENTATIVE, OTHER THAN IT’S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.”**

\_\_\_\_\_  
DATE SIGNATURE