

# APPLICATION FOR EMPLOYMENT



## PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	TODAY'S DATE
IF APPLICABLE, LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN WHICH MAY BE NECESSARY TO ALLOW US TO CONFIRM YOUR WORK AND EDUCATIONAL RECORD. FOR EXAMPLE, CHANGE OF NAME, USE OF AN ASSUMED NAME, NICKNAME, ETC.:			
ADDRESS: STREET	CITY	STATE	ZIP
HOME PHONE:	CELL PHONE:	E-MAIL:	
CAN YOU AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, GIVE DATES AND LOCATION:			
DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, PLEASE STATE NAME(S):			

## EMPLOYMENT DESIRED

WHAT POSITION ARE YOU APPLYING FOR?	1 <sup>ST</sup> CHOICE:	2 <sup>ND</sup> CHOICE:	
DATE AVAILABLE:	FULL TIME: <input type="checkbox"/> PART TIME: <input type="checkbox"/>	DESIRED RATE OF PAY:	
IF DRIVING IS AN ESSENTIAL DUTY OF THE JOB WHICH YOU ARE APPLYING FOR: DO YOU HAVE A CURRENT DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ISSUING STATE:	CLASS:	NUMBER:	EXPIRATION:

## EDUCATION LIST SCHOOLS AND/OR BRANCH OF SERVICE AND CITY/STATE LEVEL ATTAINED/ TYPE OF DEGREE

HIGH SCHOOL		
COLLEGE		
U.S. MILITARY SVC.		
TRADE SCHOOL		
ADDITIONAL SKILLS AND QUALIFICATIONS:		

## REFERENCES - PLEASE PROVIDE THREE PROFESSIONAL REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**EMPLOYMENT HISTORY:**

- PROVIDE EMPLOYMENT HISTORY FOR THE PAST 7 YEARS - BEGIN WITH THE MOST RECENT EMPLOYER FIRST.
- ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN SPACE PROVIDED BETWEEN POSITIONS.

	COMPANY STREET/ CITY/ STATE IMMEDIATE SUPERVISOR / TELEPHONE #	JOB TITLE JOB DUTIES	RATE OF PAY	REASON FOR LEAVING
END DATE				
START DATE				
END DATE				
START DATE				
END DATE				
START DATE				
END DATE				
START DATE				
END DATE				
START DATE				
END DATE				
START DATE				

I understand that the company is relying upon all of the representations, both written and oral, which I have made or do during the entire process of applying for employment with LP Insurance Services. I acknowledge that LP Insurance Services has the right to investigate any other information that the company believes relevant including but not limited to, employment history, educational background, references, credit history and conviction records. I hereby agree to hold LP Insurance Services, its officers and agents, harmless from any and all liability resulting in any way from such investigation and from any and all attorney fees resulting from any legal action I may institute which is within the scope of this waiver. I also authorize my former employers, schools, and references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.

In the event that employment is granted, LP Insurance Services, as employer, may at its discretion, with or without notice, modify, amend, or terminate present or future policies or practices relating to but not limited to, piece-rates, hours, job duties and descriptions, benefits or any other terms of employment.

In the event that employment is granted, I have no objection to making application for security clearance. And if necessary, signing an employee agreement on confidential information and inventions, or taking a job related medical examination.

In the event that employment is granted, in consideration of such employment, I promise to ascertain and abide by all pertinent rules and regulations, and I understand that failure to do so may be cause for discharge from such employment.

I understand that if LP Insurance Services, employs me, my employment will be "at will" and I may terminate my employment at any time, with or without notice and with or without reason. Similarly, LP Insurance Services is free to terminate an employment relationship with me at any time with or without notice and with or without reason if it believes it to be within LP Insurance Services, best interest. No supervisor or representative of LP Insurance Services other than the President has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing. Nothing in the company employment procedure or in subsequent employment is intended to be or convey a contract of employment, expressed or implied.

I have read and understand the foregoing application and agreement. By my signature below, I understand that incomplete or inaccurate employment applications will not be considered for employment. All the responses I have made on this application are true and correct to the best of my knowledge. I understand that if I make any false statements, misrepresentations, or omissions in this application process, this application could be rendered void and may be reason for my immediate discharge at any time during my employment.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print full name

LP Insurance Services is an Equal Opportunity Employer

All applicants will be considered for employment without regard to actual or perceived race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, medical condition, pregnancy, genetic information, marital status, amnesty, or status as a covered veteran or any other characteristic protected by applicable federal, state or local laws.