

Employment Application



Position	Today's Date
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PERSONAL INFORMATION (please print or type)

Full Name

Mailing Address

Home Address

Home No. ()	Mobile No. ()	Email address (if any)
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Available to work Full-Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Best time to be contacted <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Preferred contact method (select all that apply) <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Email
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EDUCATION

Name of Educational Institute	Location (City/State)	Course of Study	Degree/Diploma
High School			
College			
College			
Graduate School			
Professional/Technical School			

PROFESSIONAL LICENSES/CERTIFICATES

Certificate	Number	State issued	Expiration Date (if applicable)

KNOWLEDGE, SKILLS & ABILITIES

Select all that apply

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Microsoft Office Programs | <input type="checkbox"/> Peachtree | <input type="checkbox"/> Multi-task | <input type="checkbox"/> Verbal Communication |
| <input type="checkbox"/> AS400 | <input type="checkbox"/> Quick Books | <input type="checkbox"/> Time management | <input type="checkbox"/> Written Communication |
| <input type="checkbox"/> MAS90 | <input type="checkbox"/> Credit Card Machine | <input type="checkbox"/> Attention to detail | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Xerox (copy/scan/fax) | <input type="checkbox"/> 10-key calculator | <input type="checkbox"/> Organizational Skills | _____ |

See how far we'll go.

APPLICANT NAME

EMPLOYMENT EXPERIENCE List your entire work history, including part-time and military assignments. List jobs in order by starting with your present job, or most recent if you are currently unemployed.

1	Current or Most Recent Employer		Department	
	Address		Phone Number	
	Beginning Position Title	Ending Position Title	Immediate Supervisor/Manager	
	Start Date	End Date	Starting Salary	Ending Salary
	Description of Work			
	Reason for Leaving			
2	Employer		Department	
	Address		Phone Number	
	Beginning Position Title	Ending Position Title	Immediate Supervisor/Manager	
	Start Date	End Date	Starting Salary	Ending Salary
	Description of Work			
	Reason for Leaving			

APPLICANT NAME

3	Employer		Department	
	Address		Phone Number	
	Beginning Position Title	Ending Position Title	Immediate Supervisor/Manager	
	Start Date	End Date	Starting Salary	Ending Salary
	Description of Work			
	Reason for Leaving			

4	Employer		Department	
	Address		Phone Number	
	Beginning Position Title	Ending Position Title	Immediate Supervisor/Manager	
	Start Date	End Date	Starting Salary	Ending Salary
	Description of Work			
	Reason for Leaving			

APPLICANT NAME

TELL US HOW YOU HEARD ABOUT US

<input type="checkbox"/> Newspaper (PDN/The Post)	<input type="checkbox"/> Social Media	<input type="checkbox"/> Referred By: _____
<input type="checkbox"/> Company Website	<input type="checkbox"/> Indeed.com	<input type="checkbox"/> Other _____
<input type="checkbox"/> Walk-in		

APPLICANT STATEMENT

I certify that my answers are true and complete to the best of my knowledge. I understand that giving false or misleading information by me on any part of this application can result in disqualification for employment consideration, or, if hired, may be grounds for termination. I authorize Staywell Insurance or any designated representative to furnish any reference information concerning me, including achievement, wage history, performance, attendance, disciplinary action information and reason for separation of employment. I understand that any information provided is to be used for the purpose of determining my acceptability for employment.

APPLICANT SIGNATURE	DATE OF SIGNATURE
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COMPANY STATEMENT

We are an equal opportunity employer. We prohibit discrimination and harassment of any type and afford equal employment opportunities to employees and applicants without regard to race, color, religion, sex (including pregnancy), national origin, disability status, protected veteran status or any other characteristic protected by law.

FOR OFFICE USE ONLY

Interview Date	Position
<input type="text" value="1st"/>	
<input type="text" value="2nd"/>	

Salary offer issued on
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Start Date
Company
<input type="checkbox"/> SGI <input type="checkbox"/> SSI <input type="checkbox"/> IHIC