

Havasu Insurance Application For Employment
 PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

At Interview Bring Social Security Card & Drivers License

DATE _____

NAME (LAST NAME, FIRST)		ALIAS / MAIDEN NAME		
CURRENT ADDRESS	CITY	STATE	ZIP CODE	HOW LONG AT CURRENT ADDRESS
PREVIOUS ADDRESS – COVER LAST 5 YEARS	CITY	STATE	ZIP CODE	FROM & TO PREVIOUS ADDRESS
1				
2				
3				
EMAIL	CELL PHONE		DATE OF BIRTH	
ARE YOU A US CITIZEN? YES NO		IF NO, DO YOU HAVE A GREENCARD? YES NO		

EMPLOYMENT DESIRED	REFERRED BY / HOW YOU HEARD ABOUT US
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DATE YOU CAN START	SALARY DESIRED AT START	SALARY DESIRED AFTER 90 DAYS	
ARE YOU EMPLOYED NOW? YES NO		DAYS & HOURS AVAILABLE TO WORK	
EVER APPLIED TO THIS COMPANY BEFORE? YES NO			
DO YOU KNOW ANYONE WHO WORKS HERE? YES NO IF YES, WHO?			
DO YOU HAVE ANY CONVICTIONS OTHER THAN MINOR TRAFFIC LAST 7 YEARS? YES NO			
DO YOU HAVE ANY TRAFFIC TICKETS, ACCIDENTS, CLAIMS IN NORTH AMERICA LAST 5 YEARS? YES NO			
DRIVERS LICENSE STATE	DL NUMBER	SPECIAL CLASSIFICATIONS	RESTRICTIONS YES NO

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSIINESS SCHOOL				
ANY PROFESSIONAL / STATE LICENSES HELD? YES NO		STATE LICENSE NUMBER		
SPECIAL TRAINING / SKILLS				
U.S. MILITARY SERVICE	YES NO	RANK	YEARS SERVED?	
CURRENTY IN RESERVE	YES NO	HONORABLE DISCHARGE? YES NO		
IF YES, BRING COPY OF DISCHARGE PAPERWORK.				

CURRENT / FORMER EMPLOYERS (COVERING LAST FIVE YEARS, STARTING WITH MOST CURRENT)

DATE, MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES (LIST THREE PEOPLE, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NUMBER	YEARS KNOWN

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 in this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and 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 all liability for any damage that may result from utilization of such information.

I also understand and agree that no representation if the company has any 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment"

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the require employee eligibility verification document form upon hire.

SIGNATURE _____ **DATE** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
START DATE	BACKGROUND CHECK	POSITION	SALARY TO START	SALARY AFTER 90 DAYS
COPY OF ID	COPY OF SSN CARD	DRIVER' RECORD – MVD REPORT	USCIS I-9 FILLED OUT	W2 FORM