

# Application For Employment

First Name:

Last Name:



[www.pekininsurance.com](http://www.pekininsurance.com)

Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name (as it appears on Social Security card) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address - Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Years At This Address \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Do you have the legal right to work in this country?  Yes  No

Do you have any relatives employed by Pekin Insurance? If yes, list name and department.

How were you referred to us?  Newspaper Ad  Walk-in  Referral \_\_\_\_\_  Other

Have you been convicted of a felony within the last 7 years?  Yes  No (Applicant is not obligated to disclose sealed or expunged records of conviction or arrest.) If yes, please give dates and explain. \_\_\_\_\_

\_\_\_\_\_ A conviction will not necessarily result in denial of employment.

**EMPLOYMENT DESIRED**

What type of employment do you want to obtain?  Full-time  Part-time  1st shift  2nd shift  Summer

What position are you applying for? \_\_\_\_\_

What date can you start work? \_\_\_\_\_ Salary desired? \_\_\_\_\_

Have you ever been employed by Pekin Insurance? If yes, list dates and position.

**REFERENCES**

Name	Address	Phone	Occupation/Relationship
1			
2			
3			

**NOTIFY IN EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.**

<b>1</b>	Name and address of company and type of business	From Mo. Yr.	Job Title and Duties	Starting Salary	Reason for Leaving	Name of Immediate Supervisor
		To Mo. Yr.		Last Salary		
	Telephone					
<b>2</b>	Name and address of company and type of business	From Mo. Yr.	Job Title and Duties	Starting Salary	Reason for Leaving	Name of Immediate Supervisor
		To Mo. Yr.		Last Salary		
	Telephone					
<b>3</b>	Name and address of company and type of business	From Mo. Yr.	Job Title and Duties	Starting Salary	Reason for Leaving	Name of Immediate Supervisor
		To Mo. Yr.		Last Salary		
	Telephone					

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by # which one(s) you do not wish us to contact. \_\_\_\_\_

Explain all gaps in your employment.

If now employed, why do you desire a change?

**EDUCATION**

List name of educational institutions you attended relevant to the position you are seeking	Location	Major and Minor Subjects	Certificate or Degree or Number of Credits	Grade Average
High School				
College				
College				
Other				

List any additional professional designations, registrations, licenses, etc.

Skills: Typing \_\_\_\_ wpm    Computer Experience     Spreadsheet     Database     Word Processing

**MILITARY**

Branch of U.S. Military Service _____
From _____ To _____ Rank or Rate at discharge _____
Describe military duties _____

**PRE-EMPLOYMENT DRUG/ALCOHOL TEST**

As an applicant for employment with Pekin Insurance (Company) and its' affiliated companies, I consent to the company's drug and/or alcohol test in order to be considered for employment opportunities. I furthermore give my permission for the test results to be released to Pekin Insurance.

I understand that refusal to take this test as directed by the company, attempts to adulterate the sample, or a positive test for illegal drug usage will result in denial of my application and/or pending job offer for employment with Pekin Insurance.

I also understand that a favorable result will not necessarily guarantee that I will be employed by the Company.

I must bring a valid personal identification, with picture, to the collection site for my drug/alcohol tests as directed by Pekin Insurance.

At this time, I consent to Pekin Insurance's drug/alcohol test.

**AUTHORITY FOR RELEASE OF INFORMATION**

I authorize any representative of Pekin Insurance and its subsidiaries to obtain information relating to my activities from my prior employers as provided in my resume, application, conversations, or other documents provided by me or obtained by Pekin Insurance. This information may include, but is not limited to, achievement, performance, attendance, personal history, education, certification, financial, or disciplinary information. I direct my previous employers, institutions, and entities to release such information upon request of the representative(s) of Pekin Insurance regardless of any agreement I may have made with you previously to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Any other name you have been known as \_\_\_\_\_

Previous addresses of past seven years

\_\_\_\_\_

Pekin Insurance is an equal opportunity employer. Pekin Insurance does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicants consideration for employment on a basis prohibited by local, state, or federal law.

In consideration of my employment, I agree to conform to the rules and regulations of Pekin Insurance, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no supervisor, manager, or representative of Pekin Insurance and its subsequent companies 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.