

EMPLOYMENT APPLICATION

First Name

Last Name



Pekin Insurance

www.pekininsurance.com

Date _____

PERSONAL INFORMATION

Name _____

Nickname _____ Email Address _____

Present Address - Street _____ City _____ State _____ Zip Code _____

Primary Phone _____ Alternate Phone _____

If hired, can you provide documents required to establish your eligibility to work in the United States? Yes No

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

How were you referred to us? Internet Newspaper Ad Walk-in Referral _____ Other

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? 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. _____

PROFESSIONAL REFERENCES

Name	Occupation/Relationship	Years Known	Contact Information
1 _____		_____	
2 _____		_____	
3 _____		_____	

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

1	Company Name City, State	From (Mo./Yr.)	To (Mo./Yr.)	Starting Salary \$	Last Salary \$
	_____	Job Title and Duties:			

	Telephone:	Reason for Leaving:	Supervisor:		

2	Company Name City, State	From (Mo./Yr.)	To (Mo./Yr.)	Starting Salary \$	Last Salary \$
	_____	Job Title and Duties:			

	Telephone:	Reason for Leaving:	Supervisor:		

3	Company Name City, State	From (Mo./Yr.)	To (Mo./Yr.)	Starting Salary \$	Last Salary \$
	_____	Job Title and Duties:			

	Telephone:	Reason for Leaving:	Supervisor:		

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	Location	Course of Study	Certificate or Degree or Number of Credits
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/Type of service _____
Describe military duties _____

PRE-EMPLOYMENT DRUG TEST

As an applicant for employment with Pekin Insurance (Company) and its' affiliated companies, I consent to the company's drug 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 test as directed by Pekin Insurance.

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

At this time, I decline the drug test.

_____ Signature of Applicant

_____ Date Signed

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.

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.

Signature _____ Date _____

I have read and understand this document.