



Application for SAV-ON Insurance Agencies, Inc.

Social Security # _____ - _____ - _____

Date: _____

Name: _____
(Last / First / Middle)

Address: _____
(No. Street / City / State / Zip)

Telephone: (____) _____ - _____ Email Address: _____

Are you 18 years of age or older? Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

EDUCATION

Type	Name/Location	Course of Study	# Years Completed	Degree/ Diploma
Elementary & Jr. High	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

EMPLOYMENT RECORD

Company Name and address	Kind of Work	Date: Started/Left	Rate of Pay	Reason for Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

U.S. MILITARY SERVICE

Branch of Service _____

From _____ to _____

Rank and Type of Service _____

Training/Experience Received _____

REFERENCES (Do Not Include Relatives)

Name/ Occupation/ Years/ Known Address

1. _____

2. _____

3. _____

EMPLOYMENT

Type of Work Desired _____ Gross Salary Wanted \$ _____

How Were You Referred To Our Organization? _____

Do You Have Any Relatives Who Are Employed By This Organization? __Yes __No

Please Specify : _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? __Yes __ No

Please Specify : _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

APPLICANT'S STATEMENT

I understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____



Job Applicant Questionnaire.

- 1. What are your hobbies? (What do you like to do in your spare time?)**

- 2. Why do you want to work for our company?**

- 3. What are your strengths that would make you the best choice for our company?**