

EMPLOYMENT APPLICATION



Dawson Insurance Agency, Inc., is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry, or age (40 years of age and over). In addition, Dawson Insurance Agency, Inc., does not discriminate against qualified individuals with disabilities.¹

PLEASE PRINT

1. Name Soc. Sec. No.
2. Address
3. Telephone (Home) (Alternate)
4. Position(s) applied for
5. Date available to start
6. Are you over 18 years of age?
- 7a. Have you ever been convicted of a violation of the law other than a minor traffic violation?
- 7b. If yes, please explain.
- 8a. Have you applied to work with us before?
- 8b. If yes, when.
- 9a. Are you willing to work an irregular schedule, overtime, on different shifts, and on weekends when necessary?
- 9b. If no, please explain.
- 10a. Do you have access to adequate transportation to travel to and from work?
- 10b. If no, please explain.

If hired, proof of your identity and employment eligibility in the United States must be established by appropriate documentation at the time you begin work.

Education

	Name and Address	Number of Years		Major
		Completed	Graduate	
High School				
College				
Other (specify)				

Employment History (most recent employment first)

1. Employer's Name and Address
Dates Supervisor
Position(s) Held Salary
Reason for leaving

Your duties:

2. Employer's Name and Address
Dates Supervisor
Position(s) Held Salary
Reason for leaving

Your duties:

3. Employer's Name and Address
Dates Supervisor
Position(s) Held Salary
Reason for leaving

Your duties:

4. Employer's Name and Address
Dates Supervisor
Position(s) Held Salary
Reason for leaving

Your duties:

U.S. Military Service

Branch

Highest Rank Achieved

Dates of Service

to

Duties

In Case of Emergency Notify:

Name
Address

Telephone Number

Relationship

Other Experience or Qualifications (space can be used to elaborate on duties associated with positions listed above)

Certification and Authorization --- Please read thoughtfully

I certify that all facts contained in the application are true and complete and acknowledge that Dawson Insurance Agency, Inc., is relying on the accuracy of the information provided. I authorize Dawson Insurance Agency, Inc., to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions, and credit agencies to release information concerning me to Dawson Insurance Agency, Inc. If I will be driving company vehicles, I authorize the State Motor Vehicle Department and the insurance company to release my driving record (MVR) to Dawson Insurance Agency, Inc. I also authorize Dawson Insurance Agency, Inc., to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation, or omission of requested facts may result in denial of employment, or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or Dawson Insurance Agency, Inc. I also understand and agree that no one has authority to promise me job security or continued employment, except the President of the company in a formal written agreement signed by both of us.

Signature of Applicant

Date