



TRI-COUNTY INSURANCE

EMPLOYMENT APPLICATION

Tri-County Insurance is an equal opportunity employer and does not discriminate against anyone on the basis of race, color, religion, sex, national origin, age or qualified individuals with disabilities.

PLEASE PRINT

Name _____ Social Security # _____

Address _____

Telephone (Home) _____ (Alternate) _____

Position Applying for _____

Date available to start _____

Are you over the age of 18? _____

Have you been convicted of a violation of the law other than a minor traffic violation? _____

If yes, explain _____

Do you have access to adequate transportation to travel to and from work? _____

If not, please explain _____

Are you willing to work an irregular schedule, overtime and on weekends when necessary? _____

If not, please explain _____

Proof of your identity and employment eligibility in the United States must be established by appropriate documentation at the time of employment.

EDUCATION

Name and Address	# of years	Graduate	Major
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other _____	_____	_____	_____

EMPLOYMENT HISTORY

List most recent first:

Dates of Employment _____ Supervisor _____

Position(s) held _____ Salary _____

Duties performed _____

Reason for leaving _____

Dates of Employment _____ Supervisor _____

Position(s) held _____ Salary _____

Duties performed _____

Reason for leaving _____

Dates of Employment _____ Supervisor _____

Position(s) held _____ Salary _____

Duties performed _____

Reason for leaving _____

In Case of Emergency Notify _____

Certification and Authorization

I certify that all information contained in this application is true and complete. I authorize Tri-County to verify any and all information provided herein, and I authorize former employees and agencies to release information concerning me to Tri-County Insurance for the purpose of this application. I authorize Tri-County Insurance to obtain any and all information if needed for license purposes, such as but not limited to, Motor Vehicle Record and credit report. I understand that misrepresentation, falsification and omission of information may result in denial of employment, or, if employed, immediate dismissal. I understand that Tri-County Insurance is an at-will employer and this in no way constitutes an employment contract between myself and Tri-County Insurance.

Signature of Applicant _____ **Date** _____