



Salmeri Insurance

FOR OFFICE USE ONLY

Date: _____

Status: _____

Vet Pref.: _____

Initials: _____

EMPLOYMENT APPLICATION

It is the policy of Salmeri not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin, age, disability, marital status, sexual orientation, political opinions or affiliation.

This application or any attachments thereto become a part of Salmeri records and are not returned.

Position Applying for: _____ Date of Application: _____

Social Security #: _____

Name: _____
Last First Middle

Phone: _____ Alternate Phone: _____
Area Code Phone No. Area Code Phone No.

Email Address: _____

Address: _____
Number Street Apt# City State Zip Code

Interested in (Check one or more): Full Time Temporary Part Time Intern

Will Accept (Check one or more): Days Evenings Nights Weekends Rotating Shifts

Work Location Preferred: Any Other (specify) _____

If hired, can you provide work eligibility documents?

Are you at least 16 years of age?

Have you ever worked for Salmeri Insurance? Still Employed? Work Phone _____
 Terminated: Date _____

Do you have any relatives working for Salmeri Insurance?

Name _____ Dept. _____

Name _____ Dept. _____

Have you ever served in the U.S. Armed Forces?

If yes, and your last discharge was honorable, you are eligible for Veteran's Preference Points. Proof of discharge must be submitted prior to Civil Service examination.

EMPLOYMENT RECORD

Name _____ Social Security #: _____

List all jobs beginning with most recent job. Account for all periods of employment, unemployment and military service. Supplemental sheets will be furnished to give a complete employment record. **You may attach a resume, certificate, discharge papers, letters of recommendation or any other documents as part of your application.**

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

Dates of Employment				Name and Address of Employer	Duties
Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:
2 nd Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:
3 rd Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:
4 th Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:
5 th Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:
6 th Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:

Total Years Work Experience _____

EDUCATION RECORD

Name _____ Social Security #: _____

Check Last Grade of School completed _____

Diploma or GED? _____

List your education since high school, including colleges, business, technical, trade, correspondence and military service schools.

School Name	Address	From		To		Major/Minor/ Course Title	# Of Credit Hours	Degree or Certificate
		Mo.	Yr.	Mo.	Yr.			

CERTIFICATIONS/ LICENSES/PROFESSIONAL REGISTRATIONS

COMPUTER SKILLS IN WHICH YOU ARE PROFICIENT

LANGUAGES

_____ Speak Write
 _____ Speak Write
 _____ Speak Write

DRIVING RECORD/ TRAFFIC VIOLATIONS

1. Do you have a valid Drivers License? _____ If Yes, List State Issued In _____

License No. _____ Class C Class A-CDL Class B-CDL

2. Have you received three (3) or more convictions for moving traffic violations during the last 36 months (3 years)? _____

3. Have you received a Driving While Intoxicated (DWI) or Driving Under Influence (DUI) citation during the last 36 months (3 years)? _____

4. Is your driver's license currently suspended? _____

I further understand that if I am selected for a position requiring driver safety training certification, my record will be verified and I will be discharged if the information I have provided is incorrect or incomplete.

CONVICTIONS (for other than minor traffic violations)

Name _____ Social Security #: _____

A "Yes" answer to Questions 1 and 2 is not an automatic bar to employment. Include any convictions by military trial. You may be fingerprinted and your complete police record reviewed.

- 1. Have you ever been convicted of a felony, misdemeanor, Driving While Intoxicated (DWI) or Driving Under Influence (DUI)? _____
- 2. Have you ever been on probation? _____
- 3. Are you presently under charges for a felony or misdemeanor ? (Required to appear in court and/or pay a fine)?
If under charges, Civil Service and Personnel rules require that the charges must be disposed of prior to examination or certification for employment. _____

NOTE: If you answered "Yes" on any of the CONVICTION questions above, please complete the questions below. If you have had more than one conviction/probation, complete a separate attachment for each one.

- 1. Ever convicted of a misdemeanor? _____ Under 21 yrs at the time? _____
- 2. Ever convicted of a felony? _____ Under 21 yrs at the time? _____
- 3. Have you ever served any form of PROBATION (including deferred adjudication) for a misdemeanor or felony offense? _____

If YES to any of the above, please answer the following questions about the conviction and/or probation:

- 1. When were you arrested/ticketed? _____
Month Year
- 2. Where were you arrested/ticketed? _____
City State
- 3. What were you charged with? _____
- 4. What was the outcome?
 Probation Period: Starting: _____ Ending: _____
 Jail or prison sentence: (Complete #5 below)
 Fine: \$ _____
 Other: Explain _____
- 5. If you were sent to jail or prison:
 - a. When did you start your sentence? _____
Month Year
 - b. What was the name and location of the prison? _____
Prison Name City/State
 - c. When were you released?
 Paroled: _____
Month Year
 Sentence Completed: _____
Month Year
 - d. If presently on parole, when will your parole be finished? _____
Month Year

CONSENT AGREEMENT

REVIEW YOUR ANSWERS CAREFULLY AND READ THE FOLLOWING CONSENT AGREEMENT. IF YOU CONSENT, FILL IN THE “I AGREE” BUTTON. THE “I AGREE” MUST BE FILLED IN FOR THIS APPLICATION TO BE ACCEPTED BY SALMERI INSURANCE.

I represent and warrant that the answers I have given are full and true to best of my knowledge and belief.

I further acknowledge that I have read and understood the questions regarding education, experience, certifications and criminal records and that I have answered all questions truthfully.

And further, I expressly request former employers and any persons who may have pertinent information concerning me to furnish such information to Salmeri Insurance Agency . I agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

I understand that failure to answer all questions fully and truthfully may result in disqualification or dismissal.

I AGREE

Name/Signature

Social Security #