



# APPLICATION FOR EMPLOYMENT

Position Applying For: \_\_\_\_\_

Important: Please read the entire form before you begin filling it out. Answers should be typed or printed legibly. This application must be completed in its entirety and is subject to verification before any offer of employment may be considered. Resumes will not be accepted in lieu of any information required on this form. Andreini & Company is an equal opportunity employer. Andreini & Company does not discriminate in recruitment, hiring or terms or conditions of employment on the basis of race, sex, color, national origin and ancestry, sexual orientation, marital status, religion, age, military and veteran status, pregnancy and perceived pregnancy, genetic information/characteristics, and medical condition as defined under state law or any other basis prohibited by applicable federal, state or local law. Andreini & Company also provides reasonable accommodations to disabled individuals to assist in the hiring process and to qualified individuals with disabilities in the performance of essential job functions, as required by federal, state or local law.

## PERSONAL INFORMATION

Last Name	First	Middle	Phone Number (Home)
			( ) -
Current Address	City	State	Zip
			Phone Number (Message/Cell)
			( ) -
Permanent Address (if different from current address)	City	State	Zip
			Phone Number (Current Employer)
			( ) -
Were you employed under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you at least eighteen years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		How or by whom, were you referred to us?	
If under the age of 18, can you provide required proof of your ability to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Job Fair <input type="checkbox"/> External Agency/Recruiter	
		<input type="checkbox"/> Web <input type="checkbox"/> Advertisement	
		<input type="checkbox"/> Other <input type="checkbox"/> Employee _____ <i>Name</i>	
If you were referred by an agency/ recruiter, please specify the agency:			
Have you been previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in the United States?	
Location: _____ From (Mo/Yr): _____ To (Mo/Yr): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If you are hired you will have to present evidence of your right to work in the United States no later than three days after commencement of your employment.	
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Availability <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Date Available:		Salary Expectations: \$ <input type="checkbox"/> Hr <input type="checkbox"/> Yr	
In Emergency Notify:	Address:		Phone No:
			( ) -
Are there any individuals employed by Andreini & Company whom you know? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, state name(s) and relationship below. Having a friend or relative who works for Andreini & Company will not disqualify you from employment, but Andreini & Company may not place you in a direct supervisory or reporting relationship to a relative or a friend.			
Will you relocate if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Geographic Exclusions:	
Are you able to perform the essential functions of the job for which you are applying, either with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, describe the function that cannot be performed. (Job Description attached)			

## WORK EXPERIENCE

List all employment for the last ten years, beginning with the most recent including part-time and self-employment. Also account for periods of unemployment.

Employer	Type of Business	From (Mo. /Yr.)	To (Mo. /Yr.)
		choose month	choose month
Address		City	State Zip
Name of Supervisor	Supervisor's Title	Telephone No. ( ) -	
Starting Position	Last Position		
Description of Duties			
Reason for Leaving:			

Employer	Type of Business	From (Mo. /Yr.)	To (Mo. /Yr.)
		choose month	choose month
Address		City	State Zip
Name of Supervisor	Supervisor's Title	Telephone No. ( ) -	
Starting Position	Last Position		
Description of Duties			
Reason for Leaving:			

Employer	Type of Business	From (Mo. /Yr.)	To (Mo. /Yr.)
		choose month	choose month
Address		City	State Zip
Name of Supervisor	Supervisor's Title	Telephone No. ( ) -	
Starting Position	Last Position		
Description of Duties			
Reason for Leaving:			

Employer	Type of Business	From (Mo. /Yr.)	To (Mo. /Yr.)
		choose month	choose month
Address		City	State Zip
Name of Supervisor	Supervisor's Title	Telephone No. ( ) -	
Starting Position	Last Position		
Description of Duties			
Reason for Leaving:			

## EDUCATION

NAME AND ADDRESS OF SCHOOL	NO. OF YEARS	MAJOR/MINOR	DEGREE OR DIPLOMA
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
OTHER			
<b>List licenses held - Circle all that applies</b> Current Property and Casualty License: Yes No Current Life & Disability License: Yes No Other License(s) and/or Designations: Yes No Explain:			

## RELATED SKILLS

### CLERICAL SKILLS

Typing W.P.M.	Office Equipment	Software
Supervisory <input type="checkbox"/> Yes <input type="checkbox"/> No	Other	

## U.S. MILITARY

Have you received any special skills or abilities as a result of service in the military? If so, describe

## REFERENCES

List three business references who are not related to you, that we may contact and who are qualified to evaluate your work experience:

NAME	BUSINESS RELATIONSHIP	COMPANY NAME	YRS. KNOWN	PHONE NO.
				( ) -
				( ) -
				( ) -

If an offer of employment is made you will be required to provide proof of your eligibility to work in the United States within three (3) business days of your hire date.

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initial here I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I the undersigned applicant have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initial here I hereby authorize Andreini & Co. to thoroughly investigate my references, work record, education, DMV and Department of Insurance and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without given me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initial here I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite, or determinable period and may be terminated at any time, with or without prior notice and with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Initial here Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Andreini & Co., I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

**I have read, acknowledged, understood, and agreed to the above statements.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_