

# Application for Employment

PLEASE PRINT

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_

Name of Source (If Applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number ( ) - Social Security Number - -  
Area Code

If necessary, best time to call you at home is .....

May we contact you at work? .....  YES  NO

If yes, work number and best time to call..... ( ) - : am pm  
Area Code Time

If you are under 18, can you furnish a work permit? .....  YES  NO

Have you filed an application here before? .....  YES  NO

If yes, give date..... / /

Have you ever been employed here before? .....  YES  NO

If yes, give dates ..... From / / To / /

Are you legally eligible for employment in this country? .....  YES  NO  
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work ..... / /

Type of employment desired  Full Time  Part Time  Temporary  Seasonal  Educational Co-Op

Are you on lay-off and subject to recall? .....  YES  NO

Will you relocate if job requires it? .....  YES  NO Will you travel if job requires it? .....  YES  NO

Are you able to meet the attendance requirements of the position? .....  YES  NO

Will you work overtime if required? .....  YES  NO

Have you ever been bonded? .....  YES  NO

Have you been convicted of a felony in the last seven (7) years? .....  YES  NO  
(Such conviction may be relevant if job related, but does not bar you from employment.)

If YES, please explain: \_\_\_\_\_

Driver's license number (if required by job) \_\_\_\_\_ State \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

# Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ( ) -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving		\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Hourly Rate/Salary		
Employer	Telephone ( ) -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor and Title		Starting		
Reason for Leaving		\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Hourly Rate/Salary		
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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Hourly Rate/Salary		
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Immediate Supervisor and Title		Starting		
Reason for Leaving		\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Hourly Rate/Salary		
Comments (including explanation of any gaps in employment)				

**Skills and Qualifications** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.



# ducational Background

List last three (3) schools attended, *starting with last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

A. School	B. No Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak only

## References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	(   )   -	
	(   )   -	
	(   )   -	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize Thornburg Insurance Agency to release the following information to (prospective employer-named insured) \_\_\_\_\_ for purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. Thornburg Insurance Agency is released from any all liability; which may result from furnishing such information.

\_\_\_\_\_  
Applicants/Drivers Signature

\_\_\_\_\_  
Date

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose: as defined in the Act and the information received will be used for no other purpose.
2. If the applicant named below is denied employment based upon the information received applicant is responsible for contacting the Department of Motor Vehicles for any records.
3. Motor Vehicle Reports contain information protected by HIPAA and privacy regulations. MVR information will be kept confidential and be used only to determine driver eligibility.

\_\_\_\_\_  
Insureds Signature  
(General Rentals Inc)

\_\_\_\_\_  
Date

The following named person has made application with our company for the **POSITION OF** \_\_\_\_\_. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

**PLEASE PRINT CLEARLY**

Name of Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

Check If Applicable: Hired \_\_\_\_\_ Prospective Employee \_\_\_\_\_  
Employee Review \_\_\_\_\_

**NOTE**-Due to privacy laws, our agency is not able to provide or release a hard copy of the MVR or information contained within, for prospective applicants or employees. Our agency can process the MVR and advise if the driver is insurable or non-insurable.

Return to: Thornburg Insurance Agency  
FAX 304-697-7699

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

G. Neil Companies assumes no responsibility of this form and questions which may be asked by the employer of the job applicant that may violate any federal, state, and/or local laws.