

# TRUINSURE

## APPLICATION FOR EMPLOYMENT

Our agency is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, national origin, age, marital, or veteran status; medical condition, disability; or any other legally protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact the Manager.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

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

Address \_\_\_\_\_  
*Street* *Apt. #* *City* *State* *Zip Code*

Telephone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number (if job related) \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

Are you employed now?  Yes  No On what date would be available for work? \_\_\_\_\_

Are you available to work  Full time  Part time  Shift work  Temporary

Are you fluent in any foreign language (if applicable)? List: \_\_\_\_\_

Are you over the age of 18?  Yes  No

OUR COMPANY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

**EDUCATION**

	High School	College/University	Graduate/Professional
School Name			
Diploma/Degree			
Honors Received			
Describe Course of Study			

**EMPLOYMENT EXPERIENCE**

List all of your work experience including military and voluntary service assignments. **Start with your present or last job.** Attach an additional sheet if necessary.

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

---

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Please summarize your job-related skills or specialized training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

*Name Occupation Home Phone Daytime Phone*

*Name Occupation Home Phone Daytime Phone*

*Name Occupation Home Phone Daytime Phone*

List any insurance licenses currently held.

---

---

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

---

---

List job-related special accomplishments, publications, awards. (Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

---

---

List any additional information you would like us to consider.

---

---

<b>A C K N O W L E D G E M E N T</b>
--------------------------------------

I understand that no employment offer is being made by TruInsure at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination if employed.

I authorize TruInsure to contact or check any company, institution, individual or social media it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to TruInsure.

A company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if condition is discovered for which no reasonable accommodation can be made.

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

I understand that if I am hired, my employment at TruStar FCU is "at-will" and may be terminated by myself or by TruInsure at any time for any reason, with or without cause or notice. I understand that no representative of TruStar TruInsure the authority to make any assurance to the contrary.

---

Signature

---

Date

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other person or organization having relevant information about me to furnish it to TruInsure, and/or its agents in connection with an application for or retention of employment.

I agree not to assert any claims or causes of action against all persons and corporations supplying this information to TruInsure and/or its agents. A photocopy of this authorization is as effective as the original.

---

Signature

---

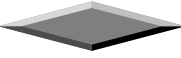
Date

# TRUINSURE

## CREDIT REPORT DISCLOSURE

Based on Requirements of the Amended Fair Credit Reporting Act Section 604(b)

---



TruInsure has determined that information contained in a consumer credit report is relevant to the job for which you are applying. TruInsure intends to obtain a consumer credit report about you.

You understand that before any adverse actions can be taken against you, based in whole or in part on the credit report, TruInsure must provide you with a copy of the report and with a written summary of the consumer's rights under the Fair Credit Reporting Act. You understand that your credit report will be used for employment purposes only and will not be used in violation of any applicable federal or state law or regulation.

By signing below, you acknowledge that you have read and understand this disclosure and you authorize TruInsure to obtain a consumer credit report about you.

---

Applicant Signature

---

Date