



## APPLICATION FOR EMPLOYMENT

### Custard Insurance Adjusters, Inc.

Referred By \_\_\_\_\_

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, citizenship or disabilities.

#### PERSONAL INFORMATION

Social Security Number \_\_\_\_\_

Application Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Telephone Number \_\_\_\_\_

Present Address \_\_\_\_\_

No. and Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Previous Address \_\_\_\_\_

No. and Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

If you are not a citizen of the United States, please indicate your authorization to be employed.

Military Service Status \_\_\_\_\_

Draft Classification Status \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

License Number \_\_\_\_\_

State \_\_\_\_\_

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?  Yes  No If yes, describe in full.

#### EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_

Salary Desired \_\_\_\_\_

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

Are you currently employed? \_\_\_\_\_

If so, may we contact your present employer? \_\_\_\_\_

Have you previously applied to this company? Where? When? \_\_\_\_\_

If you have relatives employed by this company, please give names.

Have you previously worked with this company? When? Position? \_\_\_\_\_

Seeking Full Time

Shift or hours preferred \_\_\_\_\_

Seeking Part Time

Do you have special skills, experience or qualifications related to the position(s) applied for?

#### PREVIOUS EMPLOYMENT

Please explain any gap in employment history below.

List Most Recent Employment first	Name and Location	Position	Salary	Reason for Leaving
1	From _____	_____	_____	_____
	To _____			
2	From _____	_____	_____	_____
	To _____			
3	From _____	_____	_____	_____
	To _____			
4	From _____	_____	_____	_____
	To _____			

LAST NAME

FIRST NAME

MIDDLE NAME

**Candidate / Potential Employee Completes**

<b>EDUCATIONAL HISTORY</b>		If you are offered and you accept a position with our company, we will require a transcript of your highest level of formal education.		
<b>SCHOOL LEVEL</b>	<b>NAME AND LOCATION OF SCHOOL</b>	<b>YEARS ATTENDED</b>	<b>DATE GRADUATED</b>	<b>SUBJECTS STUDIED/MAJORS</b>
High School				
College				
Trade, Business, Professional Schools				
<b>PERSONAL REFERENCES</b>		Please list two non-relatives whom you have known for at least one year.		
<b>NAME AND ADDRESS</b>		<b>TELEPHONE</b>	<b>RELATIONSHIP</b>	<b>YEARS KNOWN</b>
1				
2				
<b>BUSINESS REFERENCES</b>		Please list three non-relatives who have supervised your work.		
<b>NAME AND ADDRESS</b>		<b>TELEPHONE</b>	<b>RELATIONSHIP</b>	<b>YEARS KNOWN</b>
1				
2				
3				

I certify that I am a true and bona fide job applicant honestly interested in the position(s) for which I have applied, and am seeking employment with this Company solely to provide me the benefits of a job and for no other purpose. I understand that if I am offered and accept employment with this Company, I will be subject to the Company's Employment Agreement (if applicable to the position) and to the Company's Arbitration Agreement. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide at my request, the name of the agency so that I may obtain from them the nature and substance of the information contained in the report. If hired, I understand that there will be a six month probationary period before I become a regular employee. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date \_\_\_\_\_ Employee Signature \_\_\_\_\_

Interviewed By \_\_\_\_\_ DO NOT WRITE BELOW THIS LINE \_\_\_\_\_ Interview Date \_\_\_\_\_

REMARKS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the company.

**A consumer report and/or investigative consumer report may be obtained at any time during the application process or during your employment with the Company. Upon timely written request to the Human Resources Department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.**

**Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.**

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**EMPLOYEE NAME**

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**EMPLOYEE SIGNATURE**

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**DATE**

**CUSTARD INSURANCE ADJUSTERS, INC.**

**AUTHORIZATION FORM FOR CONSUMER REPORTS**

In connection with my application for employment (including contracts for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that information from various Federal, State, local and other agencies which contain my past activities will be requested.

By signing below, I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract). I also agree that a fax or photocopy of this authorization with my signature be accepted with the same authority as the original.

Upon proper identification and payment of any authorized fees, I have the right request a copy of any information on me that INTELLICHOICE, INC. has in its files at the time of my request.

For California applicants only, if you would like to receive a copy of the credit report, if one is obtained, please check this box.

For Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

Print your legal name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License State: \_\_\_\_\_ License Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

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**For Identification Purposes**

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Gender:  M  F

Other or former names: \_\_\_\_\_

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

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**Previous Addresses in last 7 years**

1. \_\_\_\_\_  
Street Address City State Zip

2. \_\_\_\_\_  
Street Address City State Zip

3. \_\_\_\_\_  
Street Address City State Zip