

# DAGLEY INSURANCE AND FINANCIAL SERVICES, INC.

## EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

**Name:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_  
Last First Middle Initial

**Telephone:** Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street City State Zip

**Prior Address:** \_\_\_\_\_  
Street City State Zip

Are you 18 years of age or older? Yes No

**APPLICANT NOTE:** This application form is for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. Federal law provides penalties for false statements on documents related to U.S. employment eligibility. The company reserves the right to determine an applicant's eligibility for employment or termination of employment while governed by state and federal statutes regarding equality without discrimination of sex, creed, race, natural origin, religious preference or disability. Reasonable accommodation may be available to persons otherwise able to fulfill job responsibilities.

**AVAILABILITY** For which position are you applying? \_\_\_\_\_

Drivers License No. : \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

What date can you start? \_\_\_\_\_ What category would you prefer?  Full Time  Part Time  Temporary

For which schedules are you available?  Weekdays  Weekends  Evenings  Overtime  Other \_\_\_\_\_

**EDUCATION** Please circle the highest grade completed: 7 8 9 10 11 12 Some College Bachelors Masters Ph.D.

NAME	CITY/STATE	GRADUATE?
High School		Yes No
College		Yes No
Trade, Business or Correspondence		Yes No
Other		Yes No

List any job-related military training, experience or related courses of study:

### EXPERIENCE

Provide information regarding your three most recent employers.

Most Recent Employer	Employer	Employer
Street Address	Street Address	Street Address
City, State, Zip	City, State, Zip	City, State, Zip
Telephone	Telephone	Telephone
Supervisor	Supervisor	Supervisor
May we contact?	May we contact?	May we contact?
Dates Employed	Dates Employed	Dates Employed
Salary/Pay Rate	Salary/Pay Rate	Salary/Pay Rate
Start End	Start End	Start End
Position/Duties	Position/Duties	Position/Duties

**SECURITY**

In which states have you lived in the past seven years? \_\_\_\_\_

Have you used any names or Social Security numbers other than those listed on page one?  Yes  No

If yes, please list: \_\_\_\_\_

Have you ever been convicted, fined, imprisoned, placed on probation or given a suspended sentence by any court, including court martial, or have you forfeited bail in connection with any offense? **Do not include:** (1) Juvenile offenses if the record has subsequently been sealed by court order; (2) Traffic violations unless an issuance of a warrant resulted.  Yes  No

Criminal convictions do not necessarily bar the applicant from employment. If yes, give the following information for each offense:

OFFENSE & DATE	CITY/STATE	SENTENCE AND/OR DISPOSITION

**REFERENCES**Include only individuals familiar with your work ability. **Do not include relatives.**

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP

**Insurance/Securities Licenses:** (Check all that apply) Property & Casualty Life & Health Series 6 Series 63 Series 7 Series 65**QUALIFICATIONS** (Combination of education, experience and other personal abilities you feel make you qualified for the position):

[ ] I am familiar with the mental and physical requirements of the job for which I am applying.

[ ] I certify that I am able to perform the tasks required (with or without accommodation) in the job for which I am applying.

[ ] I request the following accommodation to explain, demonstrate or continue the employment application process:  
\_\_\_\_\_

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the **Applicant Note** on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle records. I release all persons, schools, companies and law enforcement authorities from any liabilities for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs before and during employment. Illegal drugs means any drug which is not legally obtainable or which is legally obtainable but has not been legally acquired or administered.

**AT WILL EMPLOYMENT POLICY**

IN THE EVENT THAT THE APPLICANT AGREES TO ACCEPT A POSITION WITH THE COMPANY, THE APPLICANT AND THE COMPANY AGREE THAT THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYEE IS AN AT WILL RELATIONSHIP AND THAT THE EMPLOYMENT RELATIONSHIP AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR THE EMPLOYEE.

<b>Signed:</b> _____	<b>Date:</b> _____
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The company is an equal employment opportunity employer dedicated to an employment policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

**This application will remain active for 45 days. If you desire continued consideration for employment, you may reapply after that time.**