



**Salmeri Insurance**

**FOR OFFICE USE ONLY**

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

Status: \_\_\_\_\_

Vet Pref.: \_\_\_\_\_

Initials: \_\_\_\_\_

**EMPLOYMENT APPLICATION**

It is the policy of Salmeri not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin, age, disability, marital status, sexual orientation, political opinions or affiliation.

This application or any attachments thereto become a part of Salmeri records and are not returned.

Position Applying for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Area Code Phone No. Area Code Phone No.

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

Address: \_\_\_\_\_  
Number Street Apt# City State Zip Code

Interested in (Check one or more):  Full Time  Temporary  Part Time  Intern

Will Accept (Check one or more):  Days  Evenings  Nights  Weekends  Rotating Shifts

Work Location Preferred:  Any  Other (specify) \_\_\_\_\_

If hired, can you provide work eligibility documents?

**Are you at least 16 years of age?**

Have you ever worked for Salmeri Insurance?  Still Employed? Work Phone \_\_\_\_\_  
 Terminated: Date \_\_\_\_\_

Do you have any relatives working for Salmeri Insurance?

Name \_\_\_\_\_ Dept. \_\_\_\_\_

Name \_\_\_\_\_ Dept. \_\_\_\_\_

Have you ever served in the U.S. Armed Forces?

If yes, and your last discharge was honorable, you are eligible for Veteran's Preference Points. Proof of discharge must be submitted prior to Civil Service examination.

# EMPLOYMENT RECORD

Name \_\_\_\_\_ Social Security #: \_\_\_\_\_

List all jobs beginning with most recent job. Account for all periods of employment, unemployment and military service. Supplemental sheets will be furnished to give a complete employment record. **You may attach a resume, certificate, discharge papers, letters of recommendation or any other documents as part of your application.**

**MAY WE CONTACT YOUR PRESENT EMPLOYER?** \_\_\_\_\_

Dates of Employment				Name and Address of Employer	Duties
Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:
2 <sup>nd</sup> Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:
3 <sup>rd</sup> Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:
4 <sup>th</sup> Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:
5 <sup>th</sup> Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:
6 <sup>th</sup> Most Recent					TITLE:
FROM					MONTHLY SALARY:
MO.	YR.	MO.	YR.		SUPERVISOR:

**Total Years Work Experience** \_\_\_\_\_

**EDUCATION RECORD**

Name \_\_\_\_\_ Social Security #: \_\_\_\_\_

Check Last Grade of School completed \_\_\_\_\_

Diploma or GED? \_\_\_\_\_

List your education since high school, including colleges, business, technical, trade, correspondence and military service schools.

School Name	Address	From		To		Major/Minor/ Course Title	# Of Credit Hours	Degree or Certificate
		Mo.	Yr.	Mo.	Yr.			

**CERTIFICATIONS/ LICENSES/PROFESSIONAL REGISTRATIONS**

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**COMPUTER SKILLS IN WHICH YOU ARE PROFICIENT**

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**LANGUAGES**

\_\_\_\_\_  Speak  Write

\_\_\_\_\_  Speak  Write

\_\_\_\_\_  Speak  Write

**DRIVING RECORD/ TRAFFIC VIOLATIONS**

1. Do you have a valid Drivers License? \_\_\_\_\_ If Yes, List State Issued In \_\_\_\_\_

License No. \_\_\_\_\_  Class C  Class A-CDL  Class B-CDL

2. Have you received three (3) or more convictions for moving traffic violations during the last 36 months (3 years)? \_\_\_\_\_

3. Have you received a Driving While Intoxicated (DWI) or Driving Under Influence (DUI) citation during the last 36 months (3 years)? \_\_\_\_\_

4. Is your driver's license currently suspended? \_\_\_\_\_

I further understand that if I am selected for a position requiring driver safety training certification, my record will be verified and I will be discharged if the information I have provided is incorrect or incomplete.

**CONVICTIONS (for other than minor traffic violations)**

Name \_\_\_\_\_ Social Security #: \_\_\_\_\_

**A "Yes" answer to Questions 1 and 2 is not an automatic bar to employment.** Include any convictions by military trial. You may be fingerprinted and your complete police record reviewed.

- 1. Have you ever been convicted of a felony, misdemeanor, Driving While Intoxicated (DWI) or Driving Under Influence (DUI)? \_\_\_\_\_
- 2. Have you ever been on probation? \_\_\_\_\_
- 3. Are you presently under charges for a felony or misdemeanor ? (Required to appear in court and/or pay a fine)?  
If under charges, Civil Service and Personnel rules require that the charges must be disposed of prior to examination or certification for employment. \_\_\_\_\_

**NOTE: If you answered "Yes" on any of the CONVICTION questions above, please complete the questions below. If you have had more than one conviction/probation, complete a separate attachment for each one.**

- 1. Ever convicted of a misdemeanor? \_\_\_\_\_ Under 21 yrs at the time? \_\_\_\_\_
- 2. Ever convicted of a felony? \_\_\_\_\_ Under 21 yrs at the time? \_\_\_\_\_
- 3. Have you ever served any form of PROBATION (including deferred adjudication) for a misdemeanor or felony offense? \_\_\_\_\_

**If YES to any of the above, please answer the following questions about the conviction and/or probation:**

- 1. When were you arrested/ticketed? \_\_\_\_\_  
Month Year
- 2. Where were you arrested/ticketed? \_\_\_\_\_  
City State
- 3. What were you charged with? \_\_\_\_\_
- 4. What was the outcome?  
 Probation Period: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
 Jail or prison sentence: (Complete #5 below)  
 Fine: \$ \_\_\_\_\_  
 Other: Explain \_\_\_\_\_
- 5. If you were sent to jail or prison:
  - a. When did you start your sentence? \_\_\_\_\_  
Month Year
  - b. What was the name and location of the prison? \_\_\_\_\_  
Prison Name City/State
  - c. When were you released?  
 Paroled: \_\_\_\_\_  
Month Year  
 Sentence Completed: \_\_\_\_\_  
Month Year
  - d. If presently on parole, when will your parole be finished? \_\_\_\_\_  
Month Year

**CONSENT AGREEMENT**

**REVIEW YOUR ANSWERS CAREFULLY AND READ THE FOLLOWING CONSENT AGREEMENT. IF YOU CONSENT, FILL IN THE “I AGREE” BUTTON. THE “I AGREE” MUST BE FILLED IN FOR THIS APPLICATION TO BE ACCEPTED BY SALMERI INSURANCE.**

I represent and warrant that the answers I have given are full and true to best of my knowledge and belief.

I further acknowledge that I have read and understood the questions regarding education, experience, certifications and criminal records and that I have answered all questions truthfully.

And further, I expressly request former employers and any persons who may have pertinent information concerning me to furnish such information to Salmeri Insurance Agency . I agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

I understand that failure to answer all questions fully and truthfully may result in disqualification or dismissal.

**I AGREE**     

\_\_\_\_\_  
**Name/Signature**

\_\_\_\_\_  
**Social Security #**