This application is current for six months from the date submitted. At the conclusion of six months, if you have not been offered employment and still wish to be considered for employment, it will be necessary for you to reapply.

Please complete in full *all* information. The notation “**see resume**” is not adequate. You are not required to provide any information on this form that is prohibited by applicable laws. A completed application must be received before employment action can be taken.

**Gunn Mowery is an Equal Opportunity Employer. Applicable law and company policy prohibit discrimination in employment because of age, citizenship, color, disability, national origin, marital status, race, religion, sex, sexual orientation or veteran status.**

**Personal Information**

**Name** (Last), (First) (MI)

**Address** (Street/PO Box), (City), (State) (Zip)

**Daytime Phone** (Include Area Code) **Social Security Number** (Enter SSN)

**Evening Phone** (Include Area Code) **Email Address** (Enter email here)

(Include Area Code)

**Position Applying for** (Choose a position) **Salary Desired $** (Enter Desired Salary amount)

**Date available for Employment** (Click or tap to enter a date)

**Type of Employment Desired  (Full Time)  (Part Time)**

**Can you perform the essential functions of the position(s) for which you are applying,**

**with or without reasonable accommodation?  (Yes)  (No)**

**How did you learn  (Newspaper)  (Website)  (Referral)  (Recruiter)**

**about our company**?  **(Other)** (Please be specific)

**Have you previously worked for or applied for**

**employment with Gunn Mowery, LLC?  (Yes)  (No)**

**If “Yes”, supply dates of employment or date of application** (Click or tap to enter date)

**If under age 18, do you have a permit to work?  (Yes)  (No)  (I am over age 18)**

**Have you worked or attended school under another name?**

**(Yes)  (No) (If “Yes” Please list name)** Click or tap here to enter text.

**List all addresses within the past five years** (Street/PO Box) (City) (State) (Zip)

(Street/PO Box) (City) (State) (Zip)

(Street/PO Box) (City) (State) (Zip)

**Employment**

List employment history in order with current or most recent first. Include part-time employment and periods of unemployment. The notation “**see resume**” is not adequate as a source of information.

**Company Name** (Enter Company Name) **Phone Number** (Enter Company Phone Number)

**Address** (Street/PO box)(City)(State)(Zip)

**Dates Employed** (Enter from date) **-** (Enter to date) **Salary $**(Starting) **$**(Ending)

|  |  |
| --- | --- |
| **Job Titles and Duties** | (Enter Job Titles and Duties) |
| **Supervisors’ Names and Titles** | (Enter Supervisors’ Names and Titles) |
| **Reason(s) for Leaving** | (Enter Reason for Leaving) |

**Company Name** (Enter Company Name) **Phone Number** (Enter Company Phone Number)

**Address** (Street/PO box)(City)(State)(Zip)

**Dates Employed** (Enter from date)(Enter to date) **Salary $**(Starting) **$**(Ending)

|  |  |
| --- | --- |
| **Job Titles and Duties** | (Enter Job Titles and Duties) |
| **Supervisors’ Names and Titles** | (Enter Supervisors’ Names and Titles) |
| **Reason(s) for Leaving** | (Enter Reason for Leaving) |

**Company Name** (Enter Company Name) **Phone Number** (Enter Company Phone Number)

**Address** (Street/PO box)(City)(State)(Zip)

**Dates Employed** (Enter from date)(Enter to date) **Salary $**(Starting) **$**(Ending)

|  |  |
| --- | --- |
| **Job Titles and Duties** | (Enter Job Titles and Duties) |
| **Supervisors’ Names and Titles** | (Enter Supervisors’ Names and Titles) |
| **Reason(s) for Leaving** | (Enter Reason for Leaving) |

**May we contact your present employer?  (Yes)  (No)**

**Have you ever been discharged by an employer?  (Yes)  (No)   
If yes, give the employer’s name** (Enter Name of Employer)

**Date terminated and reason(s)** (Enter Date and Reasons)

**Education**

**High School**

Did you either graduate from high school or obtain a GED certificate? **(Yes)  (No)**

**High School, College, business, trade or other schools:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Name & Location (City & State | How Many Years Completed | Major | Degree | GPA | Date Degree/Diploma Received |
|  | High School | (High School) | (Yrs) | (Major) | (Degree) | GPA | (Date Received) |
|  | College | (College) | (Yrs) | (Major) | (Degree) | GPA | (Date Received) |
|  | Graduate Sch. | (Grad Sch.) | (Yrs) | (Major) | (Degree) | GPA | (Date Received) |
|  | Business/Trade | (Bus/Trade Sch) | (Yrs.) | (Major) | (Degree) | GPA | (Date Received) |

**Special Skills/Training**

|  |  |
| --- | --- |
| Please list special skills, training, industry-related education, professional designations, or licenses. | (Enter special skills and training here.) |
| Computer knowledge, (e.g. software packages, hardware, networks, etc.) | (Enter special computer knowledge here.) |

**References**

List name(s) of persons we may contact to verify your qualifications for the position for which you are being considered. Provide the most recent supervisor or instructor name. Do not list friends or relatives.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | (Reference Name) |  | Title/Position | (Reference Title/Position) |
| Company Name | (Reference Company) |  | Address | (Reference Address) |
| Phone # | (Reference Phone) |  | E-Mail | (Reference E-Mail) |
| Years Known | (Years Known) |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | (Reference Name) |  | Title/Position | (Reference Title/Position) |
| Company Name | (Reference Company) |  | Address | (Reference Address) |
| Phone # | (Reference Phone) |  | E-Mail | (Reference E-Mail) |
| Years Known | (Years Known) |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | (Reference Name) |  | Title/Position | (Reference Title/Position) |
| Company Name | (Reference Company) |  | Address | (Reference Address) |
| Phone # | (Reference Phone) |  | E-Mail | (Reference E-Mail) |
| Years Known | (Years Known) |  |  |  |

**NOTE: The remainder of the Employment Application must be completed by hand.**

**PLEASE READ CAREFULLY BEFORE SIGNING**

In consideration of employment by the Agency, I agree to abide by the rules and regulations of the Agency and which may be changed from time to time at the sole discretion of management. I declare each of the answers I have given in this employment application to be complete and true to the best of my knowledge. I understand that any false information or omissions may disqualify me from further consideration for employment and may result in my discharge from employment if discovered at a later date.

I understand that as a condition of employment I must be authorized to work in the United States and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.

Further, I understand that employment may be contingent upon successful completion of:

1. A background check that may include, but is not limited to, criminal record\*, motor vehicle record, previous employment, education and personal references;
2. Successful completion of a pre-employment, post-offer medical screening and/or medical test for alcohol, drugs or controlled substances

I understand that this application or subsequent employment does not create an employment contract nor guarantee employment for any defined period of time. Further, I understand that my employment is "at will" and can be terminated by either me or the Agency at any time for any reason or for no reason, except as provided in an alternative bona fide employment agreement.

I have read, understand and by my signature agree to the above statements.

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

\* No background check will be conducted until after a first interview has taken place. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

**NOTE TO THE CANDIDATE**

In part due to certain restrictions/conditions applicable to the insurance industry, please be aware that if consideration of your employment continues beyond the initial interview, a background check will be conducted. Accordingly, we ask you to sign the attached authorization and release granting us the ability to proceed with such background check at the appropriate time.

**No background check will be done until after a first interview has taken place, or later if required by applicable law or regulation.**

If the criminal background check shows a felony conviction, such conviction will not necessarily be a barrier to employment at our Agency. All factors, including the nature of the infraction, the date of the conviction, the rehabilitation and the job for which you are applying will be considered. However, felony convictions involving dishonesty or breach of trust will require proper regulatory clearance as mandated by federal law.

**AUTHORIZATION AND RELEASE**

**PLEASE READ CAREFULLY BEFORE SIGNING**

During the application process and at any time during the tenure of my employment with Gunn Mowery, LLC, I hereby authorize **Intellicorp**, on behalf of Gunn Mowery, LLC,to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied.

The report may include an *investigative consumer report,* as defined in the Fair Credit Reporting Act, 15 U.S.C. §1681a, and thus be obtained through personal interviews with neighbors, friends or associates. I understand that, to the extent such investigation is secured through an *investigative consumer report,* I may request a complete and accurate disclosure of the nature and scope of the background verification.

I hereby release Gunn Mowery, LLC and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization. I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this authorization and results of the background investigation will be maintained in confidence in accordance with Gunn Mowery’s hiring practices.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer’s service, whenever it is discovered.

**Applicant/Employee Name (Please Print):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle – Full)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant/Employee Signature Date**

**Social Security Number \_\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_**

**Driver's License Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of Issuance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_