



***This is a very important document. Be careful as you complete each section. Answer each item accurately and completely. Failure to do so may result in your not being considered for the position, or in your termination if inaccurate or omitted information is discovered after your employment has begun.*

Today's Date: _____ Position Desired: _____ How did you hear about us? _____

Name: _____ E-Mail: _____ Social Security Number: _____
Last First Middle

Address: _____
Street City State Zip Code Home Phone Cell Phone Work Phone

Work History (Please list most recent position first)

Company Name: _____ Address: _____ Phone Number: _____

Job Title: _____ Salary (Excluding bonuses or commissions): _____ Supervisor: _____

Start Date: _____ End Date _____ May We Contact? _____ Reason for leaving: _____

Description of duties: _____

Company Name: _____ Address: _____ Phone Number: _____

Job Title: _____ Salary (Excluding bonuses or commissions): _____ Supervisor: _____

Start Date: _____ End Date _____ May We Contact? _____ Reason for leaving: _____

Description of duties: _____

Company Name: _____ Address: _____ Phone Number: _____

Job Title: _____ Salary (Excluding bonuses or commissions): _____ Supervisor: _____

Start Date: _____ End Date _____ May We Contact? _____ Reason for leaving: _____

Description of duties: _____

For Office Use Only	Background Check <input type="checkbox"/> Y <input type="checkbox"/> N Completed By: _____ Date: _____ IDC: _____ IRSC: _____
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Education

High School: _____ Insurance Licenses/Certificates/Designation _____
Name City Graduate?

Are you familiar with the Fair Claims Act? Y N

Are you certified with the FCA? Y N

When were you last certified and by whom? _____

College: _____ College: _____
Name # of years Graduate? Degree/Certificate earned? Name # of years Graduate? Degree/Certificate earned?

Desired Employment

Are you available for temp & perm?: _____ Salary Desired: _____ Least Acceptable Salary: _____

Please list all companies you are currently pending at: _____

Please list the companies you have sent a resume to in the past year: _____

Are you able to perform the essential functions of the job(s) for which you are applying with or without accommodation? Yes No

Do you take illegal drugs? Yes No If yes, please describe: _____

Do you use alcohol to the extent that it would impair your job performance? Yes No If yes, please describe: _____

What are you looking for in a new position? _____

Are you willing to relocate? Yes No To what areas? _____

What areas are you willing to drive to? _____

Contact Information

Due to the frequency that people move in southern California, we would like a permanent address or contact where you can be reached:

Name Relationship Address City Phone Number (Work/Home)

Have you moved during the last five years? Yes No If yes, please list states, counties, and cities you have lived in: _____

Criminal Matters

Have you ever been convicted of, pleaded guilty or "no contest" to a crime? *Do not identify marijuana related misdemeanor convictions occurring more than two years ago, or convictions for which the criminal record has been expunged, sealed, or eradicated by the court, or misdemeanor convictions for which any probation has been completed and the case dismissed by the court.* Yes No # of times: _____

Did the conviction(s) or guilty or "no contest" plea result in imprisonment? Yes No # of times: _____

Explain each conviction and guilty or "no contest" plea fully. A conviction or guilty or "no contest" plea will not necessarily disqualify an applicant.

Are you currently charged with an unresolved criminal charge? Yes No (a charge which has not yet resulted in a plea, trial or dropping of the charge, or for which you are out on bail or on your own recognizance pending trial.) If yes, explain fully. A charge will not necessarily disqualify an applicant.

Authorizations

Please read carefully and initial each paragraph before signing.

I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and is justification for my dismissal from employment, if discovered at a later date.

I understand that the company may request a consumer and/or investigative report from a consumer reporting agency, Certico, IDC or other designated agent, concerning my social security number, driving record, criminal history, and other information to the extent permitted by law from available public records. I understand that the report may also include information regarding my character, reputation, work habits, performance, experience, reasons for termination, etc. from previous employers. I voluntarily and knowingly authorize the release of all information requested by the agency for the purpose of preparing the report. I further understand that my application for employment will not be complete until I have completed any additional paperwork required by the agency for purposes of completing the report. By placing a check on this line _____, I am requesting that I be furnished with a copy of the report. I understand that I have the right to request that the agency provide a complete and accurate disclosure of the nature and scope of the investigation requested, along with information in my investigative file during normal business hours upon reasonable notice to the agency.

INITIAL

I authorize the investigation of all statements contained in this application and accompanying resume, and authorize any person, school, current and past employers, and organizations to provide the company with records, information and opinion that may be useful in making a hiring decision. I release all informants of liability for any damage that may result from furnishing information and opinion which is truthful or made in good faith to you.

INITIAL

I give permission for a pre-employment drug/alcohol screening exam and, if the company makes a conditional job offer, for a complete employment physical. I consent to the appropriate release of any and all medical information deemed necessary.

INITIAL

I agree that my employment will be at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or the company. Only the president of the company has the authority to enter into an employment agreement for a specified period of time, and any such agreement must be in writing. I understand and acknowledge that this constitutes the entire agreement between me and the company regarding the term of my employment and supersedes any other oral or written agreement.

INITIAL

My signature below, signifies my agreement not to accept employment with any client to which PRG Insurance Staffing has referred me without the expressed, written knowledge of PRG Insurance Staffing for a period of 1 year from said referral. If I have any serious grievance, I agree to settle the matter in an independent arbitration forum.

INITIAL

Signature: _____

Date: _____