



Job Application Form

PERSONAL DATA

NAME.....

ADDRESS.....

TELEPHONE #

PLACE & DATE OF BIRTH.....

MARITAL STATUS Single [] Separated [] Widowed []
 Divorced [] Married []

SPOUSE'S NAME.....SPOUSE'S CONTACT #

IN CASE OF EMERGENCY NOTIFY.....TELEPHONE #.....

of CHILDREN.....AGES.....

WHO WILL CARE FOR YOUR (MINOR) CHILDREN DURING WORKING HOURS.....

NEXT OF KIN.....ADDRESS.....

.....CONTACT #.....

EMPLOYMENT RECORD

Present Employer.....

How Long Employed.....

List Your Past Employers

Name of Employer/Company	Period from - To	Reason for Leaving	Salary
.....
.....
.....

Have you ever been discharged, fired or asked to resign from a position/job? Yes [] No []

If yes, please explain

JOB INTEREST

Position Applied for.....

Date Available for Work.....Desired Salary (per week).....

Have you been previously employed in **Insurance**?

Yes [] No [] if yes state Name/Address of Company.....

Are you related to anyone in this Company?

Yes [] No [] If yes state name.....Relationship.....

Are you willing to - Work Overtime? Yes [] No []
 Work on Weekends (if necessary) Yes [] No []
 Accept transfers within departments Yes [] No []
 Accept transfers to branches Yes [] No []

Have you ever held a position of trust (handling money or confidential materials)? Yes [] No []

What is your career objective?

.....

EDUCATION/TRAINING/QUALIFICATION

INSTITUTION	PERIOD	EXAMS PASSED	SUBJECTS	GRADE
Prep/Primary				
High/Secondary				
College				
University				
Any Other Courses Studied				

REFERENCES (Name/address/Telephone)

- 1.....
- 2.....
- 3.....
- 4.....

DRIVING RECORD

- Do you own a valid Driver's License? Yes [] No []
- Has your Driver's License ever been suspended or revoked? Yes [] No []
- Do you consider yourself a careful and law-abiding driver? Yes [] No []

ARREST & CRIMINAL RECORD

- Are you wanted by the Police at this time? Yes [] No []
- Have you ever been convicted/detained/arrested by the Police? Yes [] No []
- Are you affiliated with any mob or gang? Yes [] No []
- Have you ever been deported from any foreign country? Yes [] No []

if yes to any of the above, please explain in full details.....

PHYSICAL HEALTH

What is your Height?.....Weight?.....

Any current illness? Yes [] No []

If yes please explain.....

Do you suffer from any contagious disease? Yes [] No []

If yes please explain.....

Are you receiving treatment presently? Yes [] No []

Present State of Health. Excellent [] Good [] Fair [] Poor []

Is there any other information regarding your health that should be revealed to us?

DECLARATION

I hereby authorize investigation of all statements contained herein and certify that I have answered all questions on this application truthfully and hereby agree that any information withheld may require my immediate dismissal.

Applicants Signature.....Date.....

FOR COMPANY USE ONLY

Interviewed By.-.....

Interviewers Comments

.....
.....
.....
.....

Date of Employment.....TRN

Salary.....Job Title

Employment Status Temporary []
 Probation []
 Permanent []

Date/Reason for Termination.....

Approved/Confirmed by:

Date.....