APPLICATION

FOR EMPLOYMENT

INSURANCE MANAGEMENT SERVICES
806-373-5944 * P. O. BOX 15688 *AMARILLO, TX 79105

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position (s) Applied For	Date of Application

How Did You Learn About Us?

☐ Advertisement ☐ Friend ☐ Inquiry
☐ Employment Agency ☐ Relative ☐ Other_____

Last Name	First Name		Middle Name
Address	**City**	**State**	**Zip Code**
Telephone Number (s)		**Social Security Number (last 4 digits only)** / /	

Best time to contact you at home is: _____ ☐am ☐pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? ---------- ☐ Yes ☐ No

Have you ever filed an application with us before? ---------- ☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed with us before: ---------- ☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ---------- ☐ Yes ☐ No

If Yes, state name, relationship _____

Are you currently employed? ---------- ☐ Yes ☐ No

May we contact your present employer? ---------- ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ---------- ☐ Yes ☐ No

(Proof of citizenship or immigration status will be required upon employment)

Date available for work _____ What is your desired salary range? _____

Are you available to work: ☐ Full Time
☐ Part Time (Please indicate: ☐ Mornings ☐ Afternoon ☐ Partial-Week)
☐ Temporary (Please indicate date available: _____)

Are you currently on "lay-off" status and subject to recall? ---------- ☐ Yes ☐ No

Can you travel if a job requires it? ---------- ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ---------- ☐ Yes ☐ No

(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION				
	Name and Address of School	Course of Study	No. Of Years Completed	Diploma/ Degree
High School				☐ Yes ☐ No
Undergrad College				☐ Yes ☐ No
Graduate/ Professional				☐ Yes ☐ No
Other (Specify)				☐ Yes ☐ No

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed	Work Performed
Address:	From ________ To ________	
Telephone No(s):		
Starting Job Title:	Hourly Rate/Salary	
Present Job Title:	Starting _______ Final _______	
Supervisor:		
Reason for Leaving:		May We contact? ☐ Yes ☐ No

Employer:	Dates Employed	Work Performed
Address:	From ________ To ________	
Telephone No(s):		
Starting Job Title:	Hourly Rate/Salary	
Present Job Title:	Starting _______ Final _______	
Supervisor:		
Reason for Leaving:		May We contact? ☐ Yes ☐ No

Employer:	Dates Employed	Work Performed
Address:	From ________ To ________	
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Starting Job Title:	Hourly Rate/Salary	
Present Job Title:	Starting _______ Final _______	
Supervisor:		
Reason for Leaving:		May We contact? ☐ Yes ☐ No

Employer:	Dates Employed	Work Performed
Address:	From ________ To ________	
Telephone No(s):		
Starting Job Title:	Hourly Rate/Salary	
Present Job Title:	Starting _______ Final _______	
Supervisor:		
Reason for Leaving:		May We contact? ☐ Yes ☐ No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience .*

SPECIALIZED SKILLS (Skills/Equipment Operated)

		Production/Mobile Machinery (list)	Other (list)
☐ Terminal	☐ Excel	_____	_____
☐ PC/MAC	☐ Word	_____	_____
☐ Keyboard	☐ Shorthand	_____	_____
WPM: ____	WPM: ____		

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants" DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

☐ Yes ☐ No

PERSONAL/PROFESSIONAL REFERENCES

Name	Phone Number	Best Time To Call	Occupation
1			
2			
3			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application to employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all the rules and regulations of the employer.

Printed Name of Applicant	Signature of Applicant	Date