



**CACTUS STATE INSURANCE EMPLOYMENT APPLICATION**

DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE

PRESENT ADDRESS: \_\_\_\_\_  
 NUMBER STREET CITY STATE ZIP

HOW LONG \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

POSITION APPLIED FOR _____ _____	DAYS/HOURS AVAILABLE TO WORK		
	NO PEF _____	WED _____	SAT _____
	MONDAY _____	THURSDAY _____	
	TUESDAY _____	FRIDAY _____	

EMPLOYMENT DESIRED FULL TIME  PART TIME

WHEN ARE YOU AVAILABLE TO START: \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	NUMBER YEARS	MAJOR&DEGREE
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HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
BUS.OR TRADE SCHOOL	_____	_____	_____	_____
PROFESSIONAL SCHOOL	_____	_____	_____	_____

TYPING YES/NO WPM\_\_\_ 10-KEY\_\_\_ WORD PROCESSING YES/NO \_\_\_\_\_  
 COMPUTER SKILLS BASIC \_\_\_\_\_ MODERATE \_\_\_\_\_ ADVANCED \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, explain number of conviction(s) , nature of offense(s) leadin to convition(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of reha:

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

DO YOU HAVE A DRIVER LICENSE? YES/NO \_\_\_\_\_

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

HAVE YOU HAD ANY ACCIDENTS PAST 3YEARS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST 3YEARS? \_\_\_\_\_





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**APPLICATION FORM WAIVER**

IN EXCHANGE FOR THE CONSIDERATION OF MY JOB APPLICATION BY CACTUS STATE INSURANCE (HERE INAFTER CALLED "THE COMPANY"), I AGREE THAT:

NEITHER THE ACCEPTANCE OF THIS APPLICATION NOR THE SUBSEQUENT ENTRY INTO ANY TYPE OF EMPLOYEMENT RELATIONSHIP, EITHER IN THE POSITION APPLIED FOR OR ANY OTHER POSITION, AND REGARDLESS OF THE CONTENTS OF EMPLOYEE HANDBOOKS, PERSONNEL MANUALS, BENEFIT PLANS, POLICY STATEMENTS, AND THE LIKE AS THEY MAY EXIST FROM TIME TO TIME, OR OTHER COMPANY PRACTICES , SHALL SERVE TO CREATE AN ACTUAL OR IMPLIED CONTRACT OF EMPLOYMENT, OR TO CONFER ANY RIGHT TO REMAIN AN EMPLOYEE OF CACTUS STATE INSURANCE, OR OTHER WISE TO CHANGE IN ANY RESPECT THE EMPLOYMENT-AT-WI RELATIONSHIP BETWEEN IT AND THE UNDERSIGNED, AND THAT RELATIONSHIP CAN NOT BE ALTERED EXCEPT BY A WRITTEN INSTRUMENT SIGNED BY THE EMPLOYMENT RELATIONSHIP AT ANY TIME , WITHOUT SPECIFIED NOTICE OR REASON. IF EMPLOYED I UNDERSTAND THAT THE COMPANY MAY UNILATERALLY CHANGE OR REVISE THE BENEFITS POLICIES AND PROCEDURES AND SUCH CHANGES MAY INCLUDE REDUCTION IN BENEFITS.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I HEREBY GIVE THE COMPANY PERMISSION TO CONTACT SCHOOLS, PREVIOUS EMPLOYERS(UNLESS OTHERWISE INDICATED),REFERENCES, AND OTHERS, AND HEREBY RELEASE THE COMPANY FROM ANY LIABILITY AS A RESULT OF SUCH CONTRACT.

I FURTHER UNDERSTAND THAT MY EMPLOYMENT WITH THE COMPANY SHALL BE PROBATIONARY FOR A PERIOD OF SIXTY (60) DAYS, AND FURTHER THAT AT ANY TIME DURING THE PROBATIONARY PERIOD OR THEREAFTER, MY EMPLOYMENT REALTION WITH THE COMPANY IS TERMINABLE AT WILL FOR ANY REASON BY EITHER PARTY.

**SIGNATURE OF APPLICANT( X)** \_\_\_\_\_

THIS COMPANY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX,SEXUAL ORIENTATION , NATIONAL ORIGIN, CITIZENSHIP, AGE OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY DEPENDS SOLELY ON YOUR QUALIFICATIONS.

THANK YOU FOR COMPLETING THIS APPLICATION FOR AND YOUR INTEREST IN OUR BUISNESS. PLEASE BRING THIS APPLICATION INTO ANY CACTUS STATE INSURANCE OFFICE OR FAX TO 623-936-4867.