

**EMPLOYMENT APPLICATION**

Received: \_\_\_\_\_

**QUESTIONS WITH AN \* REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.****JOB INFORMATION**

\* POSITION TITLE:

**PERSONAL INFORMATION**

\* FIRST NAME

MIDDLE INITIAL

\* LAST NAME

\* ADDRESS

\* CITY

\* STATE

\* ZIP

HOME PHONE

ALTERNATE PHONE

\* EMAIL ADDRESS

\* WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS?  EMAIL  PAPER  PHONE**EDUCATION**

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

 Some High School Some College Associate's Degree Master's Degree High School Technical College Bachelor's Degree Doctorate**HIGH SCHOOL EDUCATION**DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES  NO IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7  8  9  10  11  12 

SCHOOL NAME

CITY

STATE

**COLLEGE/UNIVERSITY EDUCATION**

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?  
YES  NO  SEMESTER  QUARTER  
# OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?  
YES  NO  SEMESTER  QUARTER  
# OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?  
YES  NO  SEMESTER  QUARTER  
# OF UNITS COMPLETED:

MAJOR

**DRIVER'S LICENSE INFORMATION**\* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES  NO 

STATE WHERE ISSUED

CLASS

**CERTIFICATES & LICENSES**

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

**WORK HISTORY**DATES  
From To

EMPLOYER

POSITION TITLE

ADDRESS

CITY

STATE





<b>OTHER SKILLS</b>		
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)

<b>LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN</b>	
LANGUAGE <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	LANGUAGE <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE

**EMPLOYMENT OBJECTIVE**

**ADDITIONAL INFORMATION**

Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

**ATTACHMENTS**

Please list any attachments you are including with your application.

**Signature Verbiage**

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check may be conducted prior to employment with INSERT EMPLOYER NAME. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with INSERT EMPLOYER NAME.

I authorize representatives of INSERT EMPLOYER NAME to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if hired, my employment relationship with INSERT EMPLOYER NAME will be "at-will," meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party. I understand that this completed application is the property of Citycounty Insurance Service and will not be returned. I understand that I must notify the Human Resources department of INSERT EMPLOYER NAME of any changes in my name, address, or phone number.

I have read and understand the above information.

**X** \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**SUPPLEMENTAL QUESTIONS**

The purpose of the following questions is to provide us with statistics needed to evaluate our recruitment program as well as to prepare statistical reports required by Federal, State and local agencies. The information obtained also includes additional job related information, such as your preference of work hours and locations, to better evaluate you for the position for which you are applying.

QUESTIONS WITH AN \* REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

\* MONTH/DAY OF BIRTH:

\*1. IN ADDITION TO THE "OTHER NAME" YOU MAY HAVE ALREADY PROVIDED, ARE THERE ADDITIONAL NAMES YOU HAVE WORKED OR ATTEND SCHOOL UNDER? IF SO, UNDER WHAT NAME(S)? IF YOU HAVE NEVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME, PLEASE ENTER "NA."  
 NA

\* 2. HAVE YOU EVER BEEN CONVICTED OF A CRIME? \*A "YES" ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT. WE WILL CONSIDER THE NATURE AND DATE OF THE OFFENSE AND THE JOB FOR WHICH YOU ARE APPLYING FOR JOB-RELATED PURPOSES ONLY, AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.

- YES
- NO

IF YOU ANSWERED, "YES," PLEASE EXPLAIN, INCLUDING DATE(S) OF YOUR CONVICTION(S).

\*3. DATE YOU ARE AVAILABLE TO START.

\*5. PLEASE INDICATE WHICH HOURS YOU ARE WILLING TO WORK: (CHECK ALL THAT APPLY)

FULL TIME     PART TIME     TEMPORARY FULL TIME     TEMPORARY PART TIME     VOLUNTEER     INTERNSHIP

IF YOU MARKED THAT YOU ARE NOT AVAILABLE FOR ALL HOURS OR DAYS, YOU ARE WELCOME TO PROVIDE AN EXPLANATION.

\* 6. HOW DID YOU LEARN ABOUT OUR JOB OPENING? (PLEASE CHECK ALL THAT APPLY)

- CAREERBUILDER.COM
- CRAIGSLIST.COM
- DICE.COM
- GOVERNMENT FINANCE OFFICERS
- GOVERNMENTJOBS.COM
- INSERT EMPLOYER NAME WEBSITE
- OREGON CPCU SOCIETY
- OREGON EMPLOYMENT DEPARTMENT
- OREGON MUNICIPAL FINANCE OFFICERS
- OREGON PRIMA
- OREGONIAN NEWSPAPER
- OREGONIAN ON-LINE
- STATEMAN JOURNAL NEWSPAPER
- UNDERWRITINGJOBS.COM
- OTHER \_\_\_\_\_

\*7. HAVE YOU PREVIOUSLY WORKED FOR INSERT EMPLOYER NAME?

- YES
- NO

\*8. This is a voluntary question; however, if you are interested in veterans hiring considerations, we will need to know your veteran's status. Do you meet the definition of a veteran? A veteran is defined as: (1) A veteran must have served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning January 31, 1955 or 178 consecutive days beginning after January 31, 1955, and have been discharged under honorable conditions; or (2) A veteran must have served on active duty with the Armed Forces of the United States for 178 days or less and have been discharged under honorable conditions because of a service-connected disability (disabled veteran); or (3) A veteran must have served on active duty with the Armed Forces of the United States for at least one day in a combat zone and have been discharged under honorable conditions; or (4) A veteran must have received a qualifying military decoration for service in the Armed Forces of the United States; or (5) Be receiving a nonservice-connected pension from the US Dept. of Veterans Affairs. A veteran may submit his/her Certificate of Release or Discharge from Active Duty (a federal DD form 214 or 215) with his/her application for employment.

- YES
- NO

\* 9. This is a voluntary question; however, if you are interested in disabled veterans hiring considerations, we will need to know your veteran's status. The definition of a disabled veteran is: (1) Entitled to disability compensation under laws administered by the US Dept. of Veterans Affairs; or (2) Discharged or released from active duty for a disability incurred or aggravated in the line of duty; or (3) Awarded the Purple Heart for wounds received in combat. A disabled veteran may submit a copy of his/her veteran's disability preference letter from the U.S. Department of Veterans Affairs.

- YES
- NO

\*10. ARE YOU WILLING TO RELOCATE?

- YES
- NO