



Application for Employment
Affiliated Insurance Agencies
600 Emerson Road, Suite 107, St. Louis, MO 63141
636 255 8585 | 636 255 8586 fax

Please e-mail resume to **Shawn@AIASTL.com** or mail to address above to **Attention: Shawn McBride**

Personal Information:

Last Name			First Name		Middle
Address			City	State	Zip code
Home Phone	Work Phone	Cell Phone	E-mail Address		

Are you at least 18 years old? ☐ yes ☐ no

Are you legally qualified to work in the U.S.? ☐ yes ☐ no

Have you been convicted of a felony or misdemeanor? ☐ yes ☐ no
If yes, please explain:

May we contact your current employer? ☐ yes ☐ no
If yes, please list the contact name and phone number:

How were you referred to AIA? ☐ Our Website ☐ Internet ☐ Paper ☐ Current Employee ☐ Temp Agency ☐ Other
If current employee, please list the name(s):

Do you have any relatives employed by AIA? ☐ yes ☐ no
If yes, please list the name(s):

Position Information:

Position Applied for:	Salary Desired:
Date Available to Start:	Hours Available to Work:
Employment Status Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Days Available to Work: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Are you capable of performing, with or without a reasonable accommodation, the activities involved in the job for which you have applied? <input type="checkbox"/> yes <input type="checkbox"/> no	

Education:

	Institution Name & Location (<i>City & State</i>)	Years Attended	Did you graduate?	Degree Achieved
High School				
College				
Grad School				
Other				

Licenses/Skills/Training: Please list any job-related skills, licenses, and training acquired through education and/or employment.

Employment History: Please fill in all requested information. Start with present or most recent employment.

Name of Employer	Phone	Last Position Held		
Address		City	State	Zip code
Name of Supervisor	Start Date (mo/yr)	End Date (mo/yr)	Hrs/Wk	Ending Salary
Reason for Leaving:				

Name of Employer	Phone	Last Position Held		
Address		City	State	Zip code
Name of Supervisor	Start Date (mo/yr)	End Date (mo/yr)	Hrs/Wk	Ending Salary
Reason for Leaving:				

Name of Employer	Phone	Last Position Held		
Address		City	State	Zip code
Name of Supervisor	Start Date (mo/yr)	End Date (mo/yr)	Hrs/Wk	Ending Salary
Reason for Leaving:				

References: Please list three professional references below.

Name	Title	Phone Number	Email address	Relationship

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any omission, misrepresentation, or falsification of information made by me on this application will be sufficient cause for rejection of this application or immediate termination, if I am employed, regardless of time elapsed prior to discovery.

I hereby authorize Affiliated Insurance Agencies, to thoroughly investigate, for verification purposes, the accuracy of information contained in this application through contact with references, employers, and educational institutions. I hereby release Affiliated Insurance Agencies, my past or present employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosures.

I understand that, in connection with the routine processing of this employment application, Affiliated Insurance Agencies, Inc., may request an investigative consumer report which may contain information as to my credit records, character, general reputation, and personal characteristics from a consumer reporting agency. Upon written request from me, Affiliated Insurance Agencies, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that after an offer of employment and prior to reporting to work, I may be subject to drug and alcohol testing and that the any offer of employment is contingent upon the results of the test. I further understand that Affiliated Insurance Agencies, has a drug and alcohol policy that provides for testing at any time during employment; consent to and compliance with such policy is a condition of my employment, and continued employment is based on the successful passing of testing under such policy.

I understand and agree that if I am employed, my employment will be of an “at will” nature, whereby either the employee or the employer may terminate the employment relationship at any time, with or without cause or notice, so long as there is no violation of applicable federal or state law. I understand that nothing contained in the application or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and Affiliated Insurance Agencies, other than one that is “at will”. I further understand that my employment, if hired, is for no definite or determinable period of time and may be terminated at any time and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by me and the President of Affiliated Insurance Agencies, to be enforceable.

I understand that it is the policy of Affiliated Insurance Agencies, not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person’s need for a reasonable accommodation as required by the Americans with Disabilities Act.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature:

Date: