

Application for Employment Affiliated Insurance Agencies

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@AlASTL.com or mail to address above to Attention: Shawn McBride

Personal Information:

T er soriat informit	acion:								
Last Name		Fi	irst Name			Middle			
Address		·	City		State	Zip code			
Home Phone	Work Phone	Cell Phone	E-mail Address			'			
Are you at least 18 year									
Are you legally qualified	d to work in the U.S.? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$)							
Have you been convicted If yes, please explain:	ed of a felony or misdemeanor? 🔲 yes	no no							
May we contact your cu If yes, please list the co	rrent employer? yes no ontact name and phone number:								
How were you referred If current employee, pl		Internet Pape	r Current Emplo	yee 🔲 Temp	Agency (Other			
Do you have any relativ If yes, please list the na	1 1 1	no							
Position Informa	tion:								
Position Applied for:			Salary Desired:						
Date Available to Start:			Hours Available to Work:						
Employment Status Des	ired: Full-time Part-time		Days Available to Work: M T W TH F						
Are you capable of perf	orming, with or without a reasonable a	ccommodation, the a	activities involved in th	ne job for which	you have appli	ed? yes no			
Education:				Years	Did you				
	Institution Name & Loca	ation (City & State)		Attended	graduate?	Degree Achieved			
High School									
College									
Grad School									
Other									
Licenses/Skills/T	raining: Please list any job-related	skills, licenses, and	training acquired thro	ough education a	and/or employn	nent.			

Name of Employer			Phone			Last Position Held			
Address					City			State	Zip code
Name of Supervisor			Start Date (art Date (mo/yr) End Date (mo/yr)		Hrs/Wk	Wk Ending Salary		
Reason for Leaving:									
			l Bi						
Name of Employer			Phone			Last Pos	sition Held		
Address			•	(City			State	Zip code
Name of Supervisor			Start Date (mo/yr) End Date			(mo/yr) Hrs/Wk		/k Ending Salary	
Reason for Leaving:									
Name of Employer			Phone			Last Pos	sition Held		
Address				[(City			State	Zip code
Name of Supervisor			Start Date ((mo/yr)	End Date (r	mo/yr)	Hrs/Wk	En	ding Salary
Reason for Leaving:									
References: Please	list three professional refer	ences helow							
References: Please list three professional references below. Name Title Phone Numbe			Email address			Relationship			
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