

# APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

## PERSONAL

(Please Print)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Telephone No. ( ) \_\_\_\_\_ Referred by:  Our Advt.  Emp. Agency  Friend  Walk-in

Are you of legal age to work?  Yes  No. If NO, a work permit will be required.

Are you legally eligible for employment in the United States?  Yes  No (If hired, verification will be required by law.)

Position(s) applied for: \_\_\_\_\_  Full Time  Part Time

Can you with or without reasonable accommodation perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.)  Yes  No

If Part time, when are you available? \_\_\_\_\_

Date you are available to start work: \_\_\_\_\_ Salary or wages desired: \$ \_\_\_\_\_  Hr.  Wk

Have you worked for us before? \_\_\_\_\_ If YES, When \_\_\_\_\_ Position: \_\_\_\_\_

Indicate special qualifications or skills: \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
High School				
College		MAJOR		
		DEGREE		
Other				

Are you employed at the present time?  Yes  No. If hired, will you work overtime if required?  Yes  No

Have you ever been bonded in prior employment?  Yes  No. If YES, list name(s) of employer(s): \_\_\_\_\_

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)?  Yes  No. If YES, list convictions: (A conviction does not necessarily disqualify an applicant for the position being applied for).

**PRIOR EMPLOYMENT** (Start with most recent employer)

Employer:	Phone:	From:	To:
Address:		Position:	
Duties:		Supervisor's Name:	
		Starting Wage	
Reason for leaving:		Final Wage	
Employer:	Phone:	From:	To:
Address:		Position:	
Duties:		Supervisor's Name:	
		Starting Wage	
Reason for leaving:		Final Wage	
Employer:	Phone:	From:	To:
Address:		Position:	
Duties:		Supervisor's Name:	
		Starting Wage	
Reason for leaving:		Final Wage	

**MILITARY SERVICE**

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

**PERSONAL REFERENCES**

NAME	ADDRESS	YRS KNOWN	TELEPHONE

**“READ CAREFULLY BEFORE SIGNING.”** The above information is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Company, in compliance with the provisions of the Fair Credit Reporting Act of Sept. 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I agree that any claim or law suit relating to my service with Skipco Financial Adjusters, Inc./Source One Adjusters of Ohio must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW: \_\_\_\_\_

Start Date: \_\_\_\_\_

Accepted for employment:  Yes  No Position: \_\_\_\_\_ Starting Rate \$ \_\_\_\_\_  Hr  Wk

**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY**

By signing below, I certify that I have read, understand and agree to each of the following statements:

**ALL** of the information I have supplied on the employment application is true, accurate and complete, the the best of my knowledge, and I have not knowingly withheld any information which, if know to the Company, would affect my application unfavorably.

**IF** am hired by the Company, and if the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately form my job.

**THIS** employment application will be considered active for (90) ninety days from the date below. If I want to be reconsidered for a job with the Company after this period of time I must fill out another application.

I agree to submit to a medical examination, which may include testing for drugs or alcohol prior to beginning work with the Company. I understand that If I am employed by the Company, I may be required, when job related and consistent with the Company’s business needs to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time.

**IN** consideration of my employment with the Company, I agree to abide by all the Company’s rules and regulations.

I understand that nothing in this employment application creates a contract of employment between the Company and me. If I am hired by the Company, my employment and compensation are “at will”, which means that my employment can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an “at will” agreement. Only the President of the Company has the authority to enter into an employment agreement with me for any specified period of time.

I agree to release to the Company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the Company’s business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

**IN** the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

I give the Company my permission to conduct any investigation regarding the information contained in my employment application, which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit education, or employment record, and I give my consent to any such source to release to the Company what ever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result form furnishing any information about me.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORIZATION TO RELEASE MOTOR VEHICLE REPORT**

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The undersigned, as an employee or perspective employee of **Skipco Financial Adjusters, Inc.**, does hereby authorize DiStefano-Maloney & Associates Insurance Services to release a copy of my Motor Vehicle Report to the above company.

I further hereby authorize DiStefano-Maloney & Associates Insurance Services to release a copy of my Motor Vehicle Report to **Skipco Financial Adjusters, Inc.** on an annual basis in accordance with 391.25 of the Federal Motor Carrier Safety Regulations regarding an Annual Driving Record Review.

I understand that this information is classified as and considered protected and private under the Fair Credit Reporting Act and agree to its release.

Signed by \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_