



McClone Insurance Group

Employment Application

Equal Opportunity Employer

Position Applying For:	Salary Desired:	Date Available:
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P E R S O N A L	Last Name	First	M.I.	Today's Date:
	Street Address			Home Phone: ()
	City	State	Zip	Business Telephone: ()
	Have you ever applied for employment with us? () Yes () No If Yes: Month and Year: _____ Location: _____			Social Security Number:
	Are you available to work () Full-time, () Part-time, or () Other If part-time or other state hours available to work: _____			Are you able to work overtime if asked? () Yes () No
	Are you legally eligible to work in the U.S.? () Yes () No Please initial: I understand that if hired I will be required to show documents providing my work eligibility: _____			
Are you 18 years of age or older? () Yes () No				

E D U C A T I O N	SCHOOL	NAME/ LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE	DEGREE/ DIPLOMA
	College			() Yes () No	
	Business/Trade/ Technical			() Yes () No	
	High School			() Yes () No	
	Other special training or skills (languages, licenses, machine operation, etc.)				

Membership on Professional or Civic Organizations <i>(exclude those which may disclose your race, color, religion or national origin)</i>

EMPLOYMENT – For Last 10 Years

(Please complete in detail starting with present employer. Account fully for your occupied and unoccupied time including military service. Please be certain that all addresses and telephone numbers are correct and complete.)

Employer:	Employed From: _____ To: _____
Address:	Telephone: () _____
Name of Supervisor:	Base Salary: Starting: _____ Ending: _____
State job title and duties:	Reason for leaving:
May we contact this employer? () Yes () No	

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Address:	Telephone: () _____
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May we contact this employer? () Yes () No	

MILITARY

Did you serve in the U.S. Armed Forces? () Yes () No

If yes, please list what branch and dates:

Describe any training you may have received that would be relevant to the position for which applying:

Have you ever been employed by this company? () Yes () No

If yes; Location:

From:

To:

Reason for leaving:

Have you been convicted of a felony in the past 7 years? () Yes () No

If yes, please explain:

(A conviction will not withdraw you from consideration for the job from which applying for, unless the conviction directly relates to the job responsibilities.)

Have you ever been bonded? () Yes () No

If yes, with what employers:

EMERGENCY

Whom may we contact in case of emergency?

Name:

Relationship:

Telephone:

Name:

Relationship:

Telephone:

REFERENCES

Please list 3 personal references, other than family

Name:	Telephone:
Occupation:	Relationship:
Name:	Telephone:
Occupation:	Relationship:
Name:	Telephone:
Occupation:	Relationship:

APPLICANT'S STATEMENT

Please review the statement below, sign and date the application

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for dismissal in accordance with McClone Insurance Group's policies.

I authorize all employment and personal references listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any liability for any damage that might result from furnishing same to you.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with McClone Insurance Group is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without notice or cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive from the McClone Insurance Group.

Signature

Date