



# Application for Employment

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.*

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

“Employer” <h2 style="margin: 0;">Payless Auto Insurance</h2>	Position applying for
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### PERSONAL DATA

Name (last, first, middle)		DOB	
Street Address and/or Mailing Address		City	State
Home Telephone Number		Business Telephone Number	Cellular Telephone Number
Date you can start work	Salary Desired	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### POSITION INFORMATION Check all that you are willing to work

Hours: Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>		
Are you authorized to work in the U.S.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony? If yes, explain:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you perform these essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			

### QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Address/City/State
School			
School			
Other			

### SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)

Computer knowledge \_\_\_ Yes \_\_\_ No  
 Windows knowledge \_\_\_ Yes \_\_\_ No  
 Microsoft Office \_\_\_ Yes \_\_\_ No  
 Typing Speed \_\_\_\_\_  
 BILINGUAL \_\_\_ Yes \_\_\_ No

### REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

