

Today's Date: \_\_\_\_\_



## EMPLOYMENT APPLICATION

Please type or print clearly, answering all questions completely and accurately.

### Personal Information

Last Name	First Name	Middle Name	Social Security Number
			XXX-XX-
Street address and/or post office box			Home Telephone Number ( )
City, State, Zip + 4			Cell Phone/Alternate Number ( )
Other names you have used, including maiden and nicknames:		E-mail Address	
Position(s) applied for (please be specific):			Are you seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Salary desired: \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly			
How were you referred to us? <input type="checkbox"/> Employment Ad <input type="checkbox"/> D&H Employee <input type="checkbox"/> Walk-in If referred by a D&H employee, please list their name:			Are you free to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If offered a position, the Immigration Reform &amp; Control Act of 1986 requires you to furnish proof of employment authorization and identity.</i>	
Do you possess a <b>valid</b> Missouri or Illinois insurance producer's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Other State(s) _____			
If yes, what lines? <input type="checkbox"/> Fire & Allied <input type="checkbox"/> General Casualty <input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Other _____			
Are you familiar with: <input type="checkbox"/> Applied Systems / WINTAM    Microsoft: <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Powerpoint <input type="checkbox"/> Outlook			
Have you ever been employed by or applied for employment with <b>The Daniel and Henry Co.</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and under what name:			

## Additional Information

### Personal References (Do not list former supervisors, family or other relatives.)

1. Name	Telephone (     )
Street Address	Relationship to you
City, State, Zip	Occupation
2. Name	Telephone (     )
Street Address	Relationship to you
City, State, Zip	Occupation
3. Name	Telephone (     )
Street Address	Relationship to you
City, State, Zip	Occupation

Have you been convicted of a felony within the past five (5) years?  Yes  No  
*If yes, please explain. An affirmative response will not automatically disqualify you from being a candidate for employment.*

Are you under the age of 18?  Yes  No    If yes, do you have a work permit?  Yes  No

## Education

Schools	Name and location of school	Course of Study	Years completed	Graduate?	Degree/ diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical/Business School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Currently attending:**     Undergraduate School     Graduate School    \_\_\_\_\_ % Completed

# Employment History

A resume may not be substituted for information requested. List your most recent position first.

Dates of Employment (month/year) From:                      To:		Position:	Final Salary \$
Company Name:		Type of Business	
Street Address		City, State, Zip	Telephone (    )
Name and Title of Immediate Supervisor		Reason for leaving	
Responsibilities			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment (month/year) From:                      To:		Position:	Final Salary \$
Company Name:		Type of Business	
Street Address		City, State, Zip	Telephone (    )
Name and Title of Immediate Supervisor		Reason for leaving	
Responsibilities			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment (month/year) From:                      To:		Position:	Final Salary \$
Company Name:		Type of Business	
Street Address		City, State, Zip	Telephone (    )
Name and Title of Immediate Supervisor		Reason for leaving	
Responsibilities			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

If more space is needed, please use a separate sheet of paper.

## Please Read Carefully

Have you or any business in which you are or were an owner, partner, officer, director, member or manager of a limited liability company, ever been **involved** in an administrative proceeding regarding any professional or occupational license, or registration?  No  Yes If yes, please explain. Continue on a separate sheet of paper if necessary.

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*{Involved means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrounding a license to resolve an administrative action. Involved also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. Involved also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to non-compliance with continuing education requirement or failure to pay a renewal fee.}*

I certify all information that is provided in this employment application is true and complete. I understand that falsification or omission of any information may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted **may** include requests for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving records, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation. I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand drug screening **will** be required before I am offered employment and that the employment is contingent on my satisfactory completion of the examination. I agree to take the initial examination as the Company may request **and** at any time thereafter. I agree that the examining physician, health care provider or tester may disclose any or all results of such examinations or tests to The Daniel and Henry Co. or its representatives.

I understand that this application or subsequent employment is not a contract and does not create a contract of employment or guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time with or without cause and with or without notice. If employed by The Daniel and Henry Co., I agree to abide by its rules and regulations. I understand that my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice.

The Daniel and Henry Co. is an Equal Opportunity Employer (EOE). All applicants will receive consideration for employment without discrimination because of race, creed, color, gender, age, national origin, handicap, sexual orientation or veteran status.

I acknowledge that this application will be active for 60 days, after which I must re-apply for further considerations.

I have read, understand, and by my signature, consent to these statements.

Signature:

Date:



### AUTHORIZATION AND RELEASE

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: **workers compensation injuries, driving record, criminal record, education, military records (DD214), credentials, credit (from Trans Union LLC), and references.** I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Medical and workers compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to you or your agents. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize AAIM to procure a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions.

**The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.**

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used: \_\_\_\_\_  
*(Please include Maiden, Aliases, Nick Names, etc.)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: M F

May your current employer or references associated with your current employment be contacted?  YES  NO

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

I hereby consent to allow AAIM ("drug screen providers, medical centers, and laboratory testing services") to take a specimen of my hair, urine, saliva, and/or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I further consent to allow AAIM to make the results of such screen available to the prospective or current employer.

In consideration for such services being rendered on my behalf, I hereby release AAIM, their officers, agents, and employees, from any and all claims, which I might otherwise have due to such results being made so available. I hereby consent not to file any action at law or in equity against AAIM, their respective officers, agents, or employees in connection with the results of such screen being made so available, and I hereby agree to indemnify and save harmless AAIM, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

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