



APPLICATION FOR EMPLOYMENT

Social Security # _____ - _____ - _____

Date: _____

Name: _____

Address: _____

Telephone: (_____) - _____ - _____ Email: _____

Driver's License #: _____ State Issued: _____

Are you 18 years of age or older? ____ Yes ____ No Date of Birth: _____

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes or No

EDUCATION

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma
Elementary & Junior High				
High School				
College				
Technical or Other				

EMPLOYMENT RECORD

Company Name/Address	Kind of Work	Date Started/Left	Rate of Pay	Reason for Leaving

U.S. MILITARY SERVICE

Branch of Service

From _____ To _____

Rank and Type of Service

Training/Experience Received

REFERENCES (Do not include relatives)

Name/Occupation/Years/Known Address or Phone #

1. _____

2. _____

3. _____

EMPLOYMENT

Type of Work Desired _____ Salary Desired _____

How were you referred to our organization?

Do you have any relatives who are employed by this organization? ____ Yes ____ No

Please Specify:

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? ____ Yes ____ No

Please Specify:

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, and that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that The Craft Agency, Inc., (which is the insurance agency for Wilcox, Inc.) will obtain copies of my driving records from various state department of motor vehicles for purposes of underwriting insurance, adjusting claims, and other purposes related to such insurance. I hereby consent to The Craft Agency, Inc. releasing such information to Wilcox, Inc. and any insurance companies that The Craft Agency, Inc. represents now, or in the future, for purposes stated above. I understand Wilcox, Inc. shall use such driving records in determining whether to initiate or continue my employment with Wilcox, Inc. This consent shall be a continuing consent throughout the period during which I am an applicant for employment with, or an employee of Wilcox, Inc.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____

Date: _____



The Craft Agency, Inc.
Driver Consent Form

Date: _____

I, _____, understand that The Craft Agency, Inc., (which is the insurance agency for Wilcox, Inc.) will obtain copies of my driving records from various state department of motor vehicles for purposes of underwriting insurance, adjusting claims, and other purposes related to such insurance. I hereby consent to The Craft Agency, Inc. releasing such information to Wilcox, Inc. and any insurance companies that The Craft Agency, Inc. represents now, or in the future, for purposes stated above. I understand Wilcox, Inc. shall use such driving records in determining whether to initiate or continue my employment with Wilcox, Inc. This consent shall be a continuing consent throughout the period during which I am an applicant for employment with, or an employee of Wilcox, Inc.

Name as on License: _____

License Number: _____

State: _____

Date of Birth: _____

Signature: _____