

LA JOLLA PROFESSIONAL INSURANCE ASSOCIATES

Employment Application



Please fax to: 858-834-4066 or email to: bill@LJPIA.com

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No. (will be required later)		Desired Salary	
Position Applied for _____ Full Time or _____ Part Time				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you age 18 or more?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, can you provide proof of work eligibility?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

CURRENT (IF ANY) AND PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

LICENSING

Do you have a CA driver's license? YES NO If so, Lic # _____

Do you hold a CA Insurance license? YES NO If so, Lic # _____

Have you ever been convicted of a crime which would prevent California Insurance Licensing? _____
 Requirements can be found at: <http://www.insurance.ca.gov/>

COMPUTER USE

Typing words per minute: _____ Are you familiar with any Agency Management System? Please list: _____

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain		

DISCLAIMER AND SIGNATURE

Did you complete this application yourself? _____

If not, who completed this application for you? _____, Relationship _____

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____