



(PLEASE PRINT WITH BLUE OR BLACK INK)

EMPLOYMENT APPLICATION

Last Name:	First Name:	M.I.:	Date:
Street Address:			Apt/Unit:
City:	State:	Zip:	
Phone::	Email:	DL#:	
Date Available:	Desired Hourly:	How did you hear about us:	
Position Applied for: <input type="checkbox"/> CSR <input type="checkbox"/> Agent <input type="checkbox"/> Manager <input type="checkbox"/> District Manager <input type="checkbox"/> Other _____.			
Are you at Least 18 years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you Authorized to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for an Insurance Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If So Who? _____ When? _____			
Do you have an Insurance License ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, License#? _____			
Have you ever worked for Liberty Auto Insurance,LLC.? <input type="checkbox"/> Yes <input type="checkbox"/> No If So When? _____			
Are you able to Work ? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> seasonal			
Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain: _____			

EDUCATION		
High School:	Address:	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	
College:	Address:	
Did you graduate ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently enrolled ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other :	Address:	
Did you graduate ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently enrolled ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:

REFERENCES

Full Name :	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:

PREVIOUS EMPLOYMENT *(From most recent)*

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DISCLAIMER AND SIGNATURE

I certify that answers given herein are true and completed to the best of my Knowledge . I authorize investigation of all statements contained in this application, and any public information for employment as may be necessary in arriving at an employment decision.

In the event of employment , I understand that false or Misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all the rules and regulations of the employer.

I authorize Liberty Auto Insurance, LLC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying . I understand that Liberty auto Insurance, LLC will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature:

Date:

Liberty Auto Insurance, LLC considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, Age, disability, marital or veterans status, or any legally protected status. Liberty Auto Insurance, LLC is an equal opportunity employer.