



Thank you for your interest in working for *Boone Insurance Associates, a local company serving Oregonians for over 30 years.*

EMPLOYMENT APPLICATION

GUIDELINES FOR APPLICATION

- If filling this application out by hand, please print in ink, then fax your application to (541) 338-4237 or send it to Boone Insurance Associates, PO Box 25740, Eugene OR 97402.
- To submit your application electronically, save this to your computer, complete the application, and e-mail it as an attachment to hr@booneinsuranceassociates.com
- You may provide a resume in addition to your application. However, **you must complete all sections of this application** to be considered for employment with BIA (Boone Insurance Associates).
- If you are selected for an interview, you will be contacted by the (Boone Insurance Associates).
- All candidates who are invited to interview may be tested to demonstrate their job-related skills.

GENERAL INFORMATION			
Name (first, M.I., last)			
Street Address			
City, State, Zip			
Home Phone	() -	E-mail	
Cell Phone	() -	Work Phone	() -
Position(s) that you are applying for:			
What is your current salary?		What salary do you anticipate making if hired?	
How did you hear about our company?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Company Web site <input type="checkbox"/> Internet job site <input type="checkbox"/> School <input type="checkbox"/> Recruiter <input type="checkbox"/> Temp agency <input type="checkbox"/> Employee		
If referred by employee or Internet job site, please write their name(s) here:			
Have you been previously employed under another name?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list name(s) here:			
Can you perform the essential functions related to the job you are applying for with or without reasonable accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:			
Type of employment desired:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship		
		If hired, when can you start?	
Are you under 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a misdemeanor or felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Conviction is not an automatic bar to employment. Each case will be reviewed on an individual basis, considering factors such as the recentness, seriousness, and nature of the offense as it relates to the job or jobs for which you have applied.

EDUCATION AND TRAINING

Please list any high school, college, vocational, technical, or professional education or training you have received below. You may provide a resume in addition to your application. However, you must complete all sections of this application to be considered for employment at BIA (Boone Insurance Associates).

Type of School	Name and Address of School	Years Completed	Degree, Major, or Type of Course

PROFESSIONAL LICENSES AND CERTIFICATIONS

Please answer the questions below regarding your professional licensure and certifications. You may provide a resume in addition to your application. However, you must complete all sections of this application to be considered for employment at BIA (Boone Insurance Associates).

Are you currently a licensed insurance agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide your license number and the state in which you are licensed:	Number:	State:
Area of specialization or major interest:		

PRESENT AND PRIOR EMPLOYMENT

You may provide a resume in addition to your application. However, you must complete all sections of this application to be considered for employment at BIA (Boone Insurance Associates).

List all present and past employment, beginning with your most recent job.			
Employer	Address	Supervisor	Telephone Number
			() -
Dates Employed	Job Title	Starting Salary	Ending Salary
Duties			
Reason for Leaving			

List all present and past employment, *continued from previous page*. If you need additional space, please attach a separate sheet to your application.

Employer	Address	Supervisor	Telephone Number
			() -
Dates Employed	Job Title	Starting Salary	Ending Salary
Duties			
Reason for Leaving			

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			() -
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			() -
Dates Employed	Job Title	Starting Salary	Ending Salary
Duties			
Reason for Leaving			

Please account for all periods of unemployment longer than three months (NOTE: all applicants, regardless of employment status, will be considered:

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SKILLS

Please answer the questions below regarding your skills and experience.

Please describe the software applications you have used, such as Microsoft Word or Adobe Acrobat. For each, indicate your level of expertise (beginner, intermediate, or advanced).
List any other computer experience you have:
Describe your general office and clerical skills:
Describe your knowledge or training with regard to medical terminology and confidentiality:
Are there any other experiences or skills you feel would especially qualify you for this position?

CONDITIONS OF EMPLOYMENT

Please read carefully and sign below.

1. All of the information I have supplied on this application is a full and complete statement of fact. Any falsifications will disqualify my application for employment. I agree that BIA (Boone Insurance Associates) and my previous employers will not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to any false statements and answers on this application.
2. I give BIA (Boone Insurance Associates) permission to contact all or any of my previous employers, except as listed below, for references disclosing full information. I understand I am required to provide complete and correct information on my former employers. This information includes full addresses, including street number and zip code, and telephone numbers. If this information is not provided, I may not be considered for employment.

Do not contact: _____

3. I understand BIA (Boone Insurance Associates) may require that I take and pass a urine drug test before my employment is finalized.
4. I understand any employment by BIA (Boone Insurance Associates) is "at will." That is, my employment is for an indefinite period and may be terminated for any reason and without previous notice.
5. I understand that I will be actively considered for employment for a period not to exceed six months.
6. I understand BIA (Boone Insurance Associates) may obtain a criminal background check from relevant state and local departments.
7. I agree to comply with the policies and procedures of the company as set forth in Office Manual. I also acknowledge that these policies and procedures may be changed, interpreted, withdrawn, or added to by the management of BIA at any time at BIA's sole option and without prior notice.

Applicant Signature

Date