

# Employment Application

NATIONAL  INSURANCE  
S E R V I C E S  
An Equal Opportunity Employer

Please print in ink. You must complete entire application

Date: \_\_\_\_\_

## APPLICANT INFORMATION

Name (first, middle, last):		
Address (street, city, state, and zip):		
Day Phone:	Evening Phone:	
Social Security Number:		
Are there other names under which you have worked or attended school?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list for reference checking purposes:
Are you legally authorized to work in the United States?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If hired you will be required to provide proof of citizenship or immigration status)
Are you at least 18 years old?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit)
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain (1) nature of crime, (2) date of conviction and (3) state in which convicted. (Convictions will not necessarily disqualify you from employment):	
Do you have any pending criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe (1) nature of charges, (2) date issued and (3) county/state in where issued:	
Have you ever applied at National Insurance Services before?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when:
Have you ever worked for National Insurance Services before?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when:
<b>Position applying for:</b>	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary	When can you start?
<b>Salary:</b>		

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

## EDUCATION

School	Name and Location (city, state)	# of yrs attended	Diploma or Degree Rec'd
High			<input type="checkbox"/> Yes Type: <input type="checkbox"/> No
College			<input type="checkbox"/> Yes Type: <input type="checkbox"/> No
Graduate			<input type="checkbox"/> Yes Type: <input type="checkbox"/> No
Other (specify)			<input type="checkbox"/> Yes Type: <input type="checkbox"/> No

## REQUIRED LICENSE(S)/DRIVERS If required to drive a motor vehicle for the job applied for, state your:

Drivers License number:	State issued:
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## PROFESSIONAL LICENSE(S)

Are you licensed with any group, association or society relating to the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration or License #:
	State issued:
	Expiration Date:

## EMPLOYMENT HISTORY (Start with most recent; use separate sheet if necessary)

Name of Employer:	Phone:
Address:	
Job Title:	Employment Dates (month/year):
Immediate Supervisor:	Description of Duties:
Salary-starting: \$      Salary-final: \$	Reason for Leaving:
If currently employed, may we contact as a reference?	
Name of Employer:	Phone:
Address:	
Job Title:	Employment Dates (month/year):
Immediate Supervisor:	Description of Duties:
Salary-starting: \$      Salary-final: \$	Reason for Leaving:

# EMPLOYMENT HISTORY (Continued)

Name of Employer:		Phone:
Address:		
Job Title:	Employment Dates (month/year):	
Immediate Supervisor:	Description of Duties:	
Salary-starting: \$	Salary-final: \$	Reason for Leaving:

# EMPLOYMENT REFERENCES (List individuals familiar with your job qualifications - no relatives)

Name:	
Day Phone:	Evening Phone:
Address:	
Relationship:	How long known?
Name:	
Day Phone:	Evening Phone:
Address:	
Relationship:	How long known?
Name:	
Day Phone:	Evening Phone:
Address:	
Relationship:	How long known?

To assist us in our selection process, please select eight items which are important to you in your job selection. Write out your selections in order of importance on the lines below.

- |                             |                               |                                 |
|-----------------------------|-------------------------------|---------------------------------|
| Autonomy                    | Vacation time                 | Friendly relations              |
| Flexibility                 | Rules                         | Ability to converse w/coworkers |
| Challenge                   | Procedures                    | Growth within position          |
| Pressure of activity        | Teamwork                      | Appreciation on a regular basis |
| Responsibility              | Support                       | Well defined situation          |
| Authority                   | Close supervision             | Orderliness                     |
| Position                    | Benefits                      | Regularity                      |
| Power                       | Difficult goals               | No surprises                    |
| Social status               | Title                         | Little travel                   |
| Pleasant working conditions | Change                        | Protection                      |
| Social organizations        | Strong leadership             | Reassurance                     |
| To be liked                 | Competition                   | Kindness                        |
| Social recognition (title)  | Tough, demanding assignments  | Help from coworkers/mngr        |
| Multi-task                  | Advancement                   | Security from the organization  |
| No change                   | People                        | Sympathetic leadership          |
| Predictability              | Variety                       |                                 |
| Time to do work             | Freedom from reports, details |                                 |

(1) _____	(4) _____	(7) _____
(2) _____	(5) _____	(8) _____
(3) _____	(6) _____	

# PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers, unless otherwise indicated, or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purposes of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. Regardless of whether or not I become employed by National Insurance Services (NIS), I recognize that this application is not and should not be considered a contract of employment. I understand that employment at NIS is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in

NATIONAL  INSURANCE

S E R V I C E S

YOUR ONE SOURCE FOR EMPLOYEE BENEFITS SINCE 1969

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BROOKFIELD, WI 53005-4273

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