



KANSAS AUTOMOBILE INSURANCE PLAN

APPLICATION FOR EMPLOYMENT

NAME: DATE:
 First Initial Last PHONE#:

ADDRESS: E-MAIL:

POSITION FOR WHICH YOU ARE APPLYING:

HOW DID YOU BECOME AWARE OF THIS JOB OPPORTUNITY?

SUMMARIZE YOUR SKILLS, TRAINING, AND/OR EXPERIENCES WHICH YOU FEEL QUALIFY YOU FOR THIS JOB:

INSURANCE COURSES COMPLETED /PROFESSIONAL DESIGNATIONS OR ACCOMPLISHMENTS:

If you are hired, can you present proof of your legal right to work in the United States? Yes No

EDUCATION: Name of School/City & State Graduate? Degree/Major

High School:

Univ/College:

Grad School:

Vocational:

REFERENCES: (No relatives, please)

NAME	ADDRESS	PHONE	OCCUPATION/TITLE
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREVIOUS EMPLOYMENT (begin with current or most recent position)

Dates of Employment: From To Position(s) Held

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title:

Responsibilities:

Starting Title: Ending Title:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Dates of Employment: From To Position(s) Held

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title:

Responsibilities:

Starting Title: Ending Title:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Dates of Employment: From To Position(s) Held

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title:

Responsibilities:

Starting Title:

Ending Title:

Reason for Leaving:

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____