APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, disability, marital status, sexual orientation, veteran status or any other prohibited criterion. This application for employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new application for employment.

PLEASE PRINT CLEARLY. COMPLETE FULLY, EVEN IF YOU PROVIDE A RESUME.

Date of Application: ____ / ____ / ____

Last 4 Digits of SSN: _____

PERSONAL DATA:

Name: _____ Preferred Name: _____
(Last) (First, legal) (Middle)

Address: _____
(Street, Apt) City State Zip

Daytime Phone Number: _____ Evening Phone Number: _____

Mobile Phone Number: _____ Email address: _____ @_____ Are you age 18 or older? ☐Yes ☐ No

If you are not a U.S. citizen, what type of visa do you hold? _____

JOB REQUIREMENTS: Position (or type of position) applying for: _____

Base Salary Desired: _____ Total Compensation Desired (base + variable income, including bonus, commissions, etc.): _____

Are there any hours or days you cannot or will not work? _____

Are you willing to work overtime? ☐Yes ☐ No When are you available to start? _____

How did you learn of this position or the Company? ☐Newspaper Ad ☐ Recruitment Agency ☐ Company Website ☐ Internet Posting ☐Employee Referral If so indicate name of employee. _____ ☐Other _____

EMPLOYMENT EXPERIENCE: *Please list job history starting with present or most recent employer. Note any periods in which you were not employed, include U.S. Military Service (show rank/rate at discharge), seasonal/part time jobs and co-op education assignments.*

Note: Please provide all requested information below; answering "see resume" is not sufficient.

COMPANY NAME, ADDRESS, PHONE NUMBER AND SUPERVISOR'S NAME	DATES EMPLOYED (month and year)	POSITION TITLE	REASON FOR LEAVING
1.	**From** ____ / ____ **To** ____ / ____		
2.	**From** ____ / ____ **To** ____ / ____		
3.	**From** ____ / ____ **To** ____ / ____		

May we contact your present employer for verification?

☐ Yes, you may contact now. Phone Number _____ - _____ - _____

or

☐ You may contact at a later date. Please specify when. (e.g. after an offer has been made) _____

EDUCATION AND TRAINING:

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	GRADUATED? (Yes or No)	TYPE OF DEGREE OR CERTIFICATE AND MAJOR	GRADE AVERAGE OUT OF BASE
HIGH SCHOOL (last attended)				
ALL VOCATIONAL SCHOOLS, JUNIOR COLLEGES, TECHNICAL INSTITUTES				
ALL COLLEGES AND UNIVERSITIES				

Please outline other training, activities, volunteer work, or additional experience that might be helpful to us in considering you for employment:

_____

_____

Please list specific PC software you have worked with:

1. _____ ☐ Proficient ☐ Working Knowledge 2. _____ ☐ Proficient ☐ Working Knowledge

3. _____ ☐ Proficient ☐ Working Knowledge 4. _____ ☐ Proficient ☐ Working Knowledge

APPLICANT'S CERTIFICATION:

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that false statements on this application shall result in the denial or immediate termination of my employment. I hereby authorize the company to conduct a thorough background investigation in order to verify the information provided in this application and to assess my suitability for employment, and I release from all liability Premier Adjusters, Inc. and all affiliated entities and all persons, companies, and corporations supplying such information. I understand that the falsification, omission or misrepresentation of fact on this application (or any other accompanying or required documents) may be cause for denial of employment or immediate termination of employment if hired, regardless of when or how discovered.

If you do not authorize Premier Adjusters, Inc., to conduct your background investigation, you will not be considered for employment, promotion, re-assignment or contract at Premier Adjusters, Inc. If so, your application may be withdrawn, you may be removed from your position or your contract may be terminated, if applicable.

EMPLOYMENT AT WILL – Premier Adjusters, Inc. and its Affiliated Entities ("Company"):

I understand that I will be employed at will, with no express or implied employment contract. I understand that either I, or Premier Adjusters, Inc., have the right to terminate the employment relationship at any time, with or without cause and with or without notice. No officer or employee of the Company has the authority to alter or amend this relationship, except the President of the Company who may do so only in writing. Any earlier oral or written promises or statements regarding my employment termination that may have been made are void and superseded. ***Please note: If the following signature line is completed digitally, you will be required to provide an additional copy of this document with your handwritten signature.***

_____ _____ _____

Date **Applicant's Signature** **Applicant's Name**

Once completed save and email careers@premieradjusters.com