**Walton and Associates Insurance Services**
3150 Almaden Expressway, Suite 102, San Jose, California 95118
(408) 265-2800 Fax (408) 265-9174
License #: 0D79626

**APPLICATION FOR EMPLOYMENT**

Walton and Associates Insurance Services (Walton & Assoc.) is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, sex, religious creed, marital status, age, national origin, ancestry, physical and/or mental disability,

medical condition including genetic characteristics, pregnancy or childbirth, sexual orientation, or any other consideration made unlawful by federal, state or local laws.

Please type or print Name Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL INFORMATION

Last Name First Name

Address City State Zip

Other Address

 Home Phone (\_\_\_\_) Message (\_\_\_\_)

Social Security Number \_\_\_\_\_

Other names under which you have worked

If you receive an offer from Walton & Assoc., you will be required to prove that you are a citizen or an alien authorized to work in the United States before you are placed on the payroll.

|  |  |  |
| --- | --- | --- |
|  Yes |   No | Are you a citizen or an alien authorized to work in the U.S.? |
|  Yes |  No | Are you at least 18 years-old? |

Within the past 5 years, have you been convicted of a felony or misdemeanor for violation of any federal, state, local or military law, regulation or ordinance under your present or any other name (except those convictions which have been sealed, expunged or statutorily eradicated, or those convictions for Marijuana-related offenses that are beyond two years in age)? Include all instances where nolo contender (no contest) was pleaded, bail forfeited, sentence served or suspended.



 Yes  No

If yes, list the date(s) and ground(s) for the conviction(s).

A conviction will not necessarily disqualify you from employment.

Position desired \_\_\_\_\_\_\_\_\_\_\_\_Date available \_\_\_\_\_\_\_\_\_\_\_\_ Salary required \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

Type of employment desired:  Full-time  Part-time  Temporary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name, City, State & Zip Code | Graduated | Major | Degree |
| High School |  |  Yes  No |  |  |
| *Jr. College* |  |  Yes No |  |  |
| College |  |  Yes No |  |  |
| Post Graduate |  | Yes No |  |  |
| Other |  | Yes No |  |  |

**EMPLOYMENT BACKGROUND**

Please list every employer for the last 10 years. Please attach additional sheets if necessary. DO NOT omit any employers during the last 10 years. If preferable, you can provide a resume with this employment application instead of completing this section, so long as no employer is omitted within the past 10 years.

Most recent employer: From:\_\_\_\_\_\_\_\_\_\_To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City State \_\_\_\_\_\_\_

Telephone: (\_\_\_) Supervisor: \_

Your title:

Annual Salary:

Job description:

Reason for leaving:

 Employer: From: \_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_

Address: City State \_\_\_\_\_\_\_

Telephone: (\_\_\_) Supervisor: \_

Your title:

Annual Salary:

Job description:

 Reason for leaving:

2

**EMPLOYMENT BACKGROUND CONTINUED**

 Employer: From: To:

Address: City State \_\_

Telephone: (\_\_\_) Supervisor:

Your title: Salary:

Job description:

 Reason for leaving:

 Employer: From: To:

Address: City State \_\_

Telephone: (\_\_\_) Supervisor:

Your title: Salary:

Job description:

 Reason for leaving:



 Employer: From: To:

Address: City State \_\_

Telephone: (\_\_\_) Supervisor:

Your title: Salary:

Job description:

 Reason for leaving:

3

**REFERENCES**

Please list three people best qualified to comment on your related experience and/or educational background. You may include supervisors not listed above. Do not include relatives.

Name

2. 3,

Title

Address

City, State

 Zip Code Telephone.

**CERTIFICATION**

I affirm that the information provided in my resume, this employment application and during the interview process is true and correct to the best of my knowledge. Moreover, I understand that any misrepresentation, falsification, omission or deception of material facts may be cause for termination or disqualification. I hereby authorize any organization, institution or individual with whom I have been associated to supply Walton & Assoc. with any relevant information to process my application and do hereby release any institution, organization and individual from *all liability* whatsoeverincurred in furnishing this information.

I understand that any offer of employment is contingent upon proof of my eligibility to work in the United States and, when appropriate, a favorable reference verification.

I understand that my employment relationship with Walton & Assoc. if any, is at-will and can be terminated, with or without cause or notice, at any time by Walton & Assoc. or the employee. I also understand that Walton & Assoc. has the right to change employee compensation, duties, assignments and responsibilities or location of employment at any time, with or without cause or notice. No one other than the President of Walton & Assoc. is authorized to modify this at-will employment relationship, and if the President does so, it must be in writing, signed by the President.

Signature: Date:

4

**Walton and Associates Insurance Services**

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Phone (408)285-2600 Fax (408)268-9174

**RELEASE AUTHORIZATION Applicant to Complete the Following:**

1. In connection with my application for employment, I understand that a background check may be conducted that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that this background information may be received from, but not limited to, my employment, education and personal references.
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and country agencies.
3. (hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Walton and Associates Insurance Services or its agent, to furnish the information described in Section 1 above.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

State Zip Code

Social Security Number Date of Birth

Signature Date

3/14/05 w'