

Employment Application



Adriana's Insurance Services, Inc.
9455 Charles Smith Ave. Rancho Cucamonga, CA 91730

An Equal Opportunity Employer

If you need a reasonable accommodation in the hiring process, please notify the person distributing or accepting this application.

Position(s) Applying For: _____ Date of Application: _____

REFERRAL SOURCE:

- | | |
|---|---|
| <input type="checkbox"/> Walk-In _____ | <input type="checkbox"/> Employment Agency _____ |
| <input type="checkbox"/> Employee Referral _____
<i>Name</i> | <input type="checkbox"/> Internet _____
<i>Specify</i> |
| <input type="checkbox"/> Advertisement _____
<i>Source</i> | <input type="checkbox"/> Other _____ |

PERSONAL INFORMATION

Name: _____
(Last) (First) (MI)

Present Street Address *(Do Not use P.O. Box #)* _____
(Number & Street, City, State, and Zip Code)

Home Phone: _____ Mobile: _____ Email: _____

1. Have you previously been employed with Adriana's Insurance Services, Inc.? Yes No
If yes, give the date and previous position held: _____
2. Do you have any friends or relatives employed by Adriana's Insurance Services, Inc.? Yes No
If yes, give the name and relationship: _____
3. Are you over 18 years of age? Yes No
4. Are you currently authorized to work in the U.S.? Yes No
5. Do you now or will you in the future require sponsorship for a work visa? Yes No
6. Available to work Full Time Part Time Temporary
Days _____ Hours _____ Shift _____
7. Would you be able to work overtime if necessary? Yes No
8. If hired, would you have a reliable means of transportation? Yes No
9. Are you able to perform essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
10. Have you ever been convicted of a felony? *In answering this question, you are not obligated to disclose sealed, annulled, dismissed, erased or expunged convictions or convictions pardoned by the Governor. If yes, give date, place, offense, and outcome.* Yes No

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.)

EMPLOYMENT HISTORY

Please list employment for the last ten (10) years, starting with **your most recent employer**. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employer	Position Title	Start Date / /	End Date / /
Address	Phone #	Starting Pay Rate \$ hr/mo/yr	Ending Pay Rate \$ hr/mo/yr
City, State, Zip Code	Supervisor Name	*Reason for Leaving	
Position Duties:			

Employer	Position Title	Start Date / /	End Date / /
Address	Phone #	Starting Pay Rate \$ hr/mo/yr	Ending Pay Rate \$ hr/mo/yr
City, State, Zip Code	Supervisor Name/Title	*Reason for Leaving	
Position Duties:			

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Employer	Position Title	Start Date / /	End Date / /
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City, State, Zip Code	Supervisor Name/Title	*Reason for Leaving	
Position Duties:			

May we contact your present employer? Yes No

May we contact your previous employer(s)? Yes No

**Reason for leaving prior employer must be completed.*

EDUCATION, TRAINING, & REFERENCES

	School Name City and State	Major	# of Years Completed	Did you Graduate?	Diploma/Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scholastic Honors (Fellowships, Prizes, Scholarships, etc.) Explain each:					

Professional Licenses/Certifications: (if required to drive for the company must have valid Driver licenses)

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Office and Computer Skills: (Describe level of competence)

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List other skills, specialties, and/or training:

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Summarize Special Skills & Qualifications that you feel are applicable to the position for which you are applying:

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Professional References:

	Reference #1	Reference #2	Reference #3
Name			
Company Name			
Job Title			
Relationship			
Years Known			
Phone Number			
Email Address			

ACKNOWLEDGEMENT OF TERMS & CONDITIONS OF APPLICATION

Please read carefully, initial each paragraph and sign below. By signing below, you are certifying that you have read, fully understand, and accept all terms of this application.

Truthfulness of Application

_____ I have not knowingly withheld any information that might adversely affect my chances of employment. My answers are true and correct to the best of my knowledge. I have personally completed this application. I understand that any omission or misstatement on the application, or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of when it is discovered. I authorize the validation of all statements contained on this application including the verification of degree, licenses and/or certifications and the contacting of professional references.

Consent to Background Check

_____ I hereby authorize the Adriana's Insurance Services, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior Notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

No Guarantee of Hours or Days of Work

_____ I understand and agree that work schedules and requirements vary and can be unpredictable, and that I may be required to work overtime, weekends, different shifts, or other arrangements. I consent to these requirements as necessary and legitimate conditions of employment.

At-Will Employment

_____ I understand and agree that Adriana's Insurance Services, Inc. is an at-will employer. If I am offered employment in any position with the Company, I agree that my employment can be terminated at any time by either me or the Company with or without cause or prior warnings. This is the complete agreement between me and the Company concerning the nature of my employment, and it supersedes all other agreements, promised, or understandings. This agreement for employment at-will can be changed only in written contract signed by me and an authorized officer of the Company.

Pre-Employment Medical Examination and Drug/Alcohol Screening

_____ I understand that any offer of employment I receive from the Company may be conditioned upon my successfully completing a pre-employment medical examination to determine whether I am capable of performing the essential functions of the job safely and efficiently. I also understand that this pre-employment medical examination may include a blood, urine or other test for drugs or alcohol. I agree that any offer of employment can be revoked and I can be disqualified or terminated from employment if I fail or refuse to successfully complete a medical examination as a condition of employment. Also, I understand that if hired, I can be discharged at any time for failure to comply with Adriana's Insurance Services, Inc. ' Drug/Alcohol Free Workplace policy. As a condition of employment, I also understand that I will be required to sign Company documents confirming these and other employment policies.

Equal Opportunity

_____ I understand that Adriana's Insurance Services, Inc. is an Equal Opportunity Employer. Company policy forbids all forms of unlawful discrimination and harassment based on color, national origin, ancestry, sex, sexual orientation, age, physical or mental disability, religion, political beliefs, medical condition, marital status, covered veteran status, or any other characteristic as provided by applicable laws. As part of this policy, the Company will reasonably accommodate any qualified individual with a physical or mental disability who is able to perform the essential functions of the job without creating a direct threat to health and safety or an undue hardship on the Company.

Application Valid for Six (6) Months

_____ I understand that this application remains current for only six (6) months. At the conclusion of that time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

Proof of Identity and Authority to Work in the U.S. Required

_____ I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Applicant's Signature

Date

VOLUNTARY SELF-IDENTIFICATION QUESTIONNAIRE

(The following information is requested in accordance with the State and Federal requirements for statistical purposes only. Completion of this section is voluntary and strictly confidential. It will be separated from your application before any decisions affecting your employment are made.)

Name: _____
(Last) (First) (MI)

Position(s) Applied For: _____ Shift: _____

Ethnicity (Please check one.)

- American Indian or Alaskan Native** – (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** – (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black/African American** – (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander** – (Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or more races** – (Not Hispanic or Latino) All persons who identify with more than one of the above five races

Gender

- Male Female

Disclosure of the above information will not help me to compete for the position for which I am applying. I understand that the submission of this information is voluntary, and the information will be kept confidential.

Applicant's Signature

Date

Print Name

To be completed by Human Resources:

EEO-1 Category:

- | | |
|---------------------------|------------------------------|
| 1. Officials and managers | 6. Crafts - skilled |
| 2. Professionals | 7. Operatives – semi-skilled |
| 3. Technicians | 8. Laborers - Unskilled |
| 4. Sales | 9. Service workers |
| 5. Office and clerical | |

Employer information completed by:

Name

Date