



Application for Employment

Instructions: Please print and answer all questions. Resumes are not accepted in lieu of completion of this application. Note: This document was designed to use with several types of positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you fully complete all areas of information.

Position(s) applied for: _____ Date: _____

Name: _____
Last: _____ First: _____ MI: _____ Other: _____

Address: _____
Street City State Zip

Phone: _____ Email Address: _____

Do you have the legal right to work in the United States? Yes No Date Available: _____
(You will be required to provide appropriate documents for completion of the I-9 form at time of employment)

Are you under the age of 18? Yes No
(Note: if yes, you may be required to furnish proof of exemption or partial waiver as detailed by your State Child Labor Law.)

How did you hear about TSLCI? _____

Have you previously filed an application with TSLCI? Yes No If yes, give date: _____

Have you previously been employed with TSLCI? Yes No If yes, give date: _____

Please list any relatives or friends currently employed by TSLCI and their relationship to you:

Type of employment desired: Full time Part time Temporary

Do you have reliable transportation? Yes No **Will you work overtime, if asked?** Yes No

If required, are you willing to travel? Yes No If yes, what percent of the time? _____

Can you work the following hours?
Monday through Saturday 8:30 am to 6:30 pm and Sundays from 10:00am to 3:00pm? Yes No
Monday through Friday 9:00 am to 5:30pm and Saturdays 9:00 am to 1:00 pm? Yes No

Have you ever been convicted of, pled nolo contendere (no contest), pled guilty or been found guilty of a felony/misdemeanor?
Include any and all instances of these, regardless of adjudication and/or disposition. Yes No

Do you have any pending criminal charges? Yes No If yes, please provide dates: _____
Note: the fact that you are awaiting trial or have a conviction will not necessarily exclude you from consideration.



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Summarize any training, skills, licenses and/or certifications that may qualify you for the position for which you are applying:

Other languages: (Indicate read, write or speak):

Driver's license state and number:

Expiration date

Earned High School/GED: Yes No

Vocational/Trade Certifications:

College/Grad School Diploma earned:

List at least three (3) immediate supervisors or professional references that you have worked with for at least one year.

<u>Name</u>	<u>Relationship</u>	<u>Years known</u>	<u>Phone number</u>



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List your four previous employers, most recent first. Account for all time periods including unemployment, self-employment and military service. **This section must be completed in full in addition to any attached resume.**

Employer	Date employed (Month/day/year)	Date Separated (Month/day/year)	Supervisor
Address			
Job title	Hourly rate/Salary		Phone Number
Worked performed			
Reason for leaving			

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Address			
Job title	Hourly rate/Salary	Phone Number	
Worked performed			
Reason for leaving			

Provide an explanation for any lapse of employment: _____

Have you ever been dismissed or forced to resign from employment? Yes No **If yes, please explain:**



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Applicant's Statement, Authorization and Release

By submitting this application or other documents, I agree to conform to the rules and regulations of Texas State Low Cost Insurance, including a Probationary Period. I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for Texas State Low Cost Insurance, or their designated representatives to contact schools, previous employers, references and others to verify the data I have supplied. I release and indemnify Texas State Low Cost Insurance for any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with Texas State Low Cost Insurance. In addition, if I am employed by Texas State Low Cost Insurance, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation.

I understand that employment with Texas State Low Cost Insurance is for no guaranteed period of time and may be terminated by myself or Texas State Low Cost Insurance with or without notice. I acknowledge that any promise, policies, business practices, procedures or documents (including the Texas State Low Cost Insurance Employee Handbook) do not constitute an employment contract or modification of the At-Will employment relationship between Texas State Low Cost Insurance and myself.

The Company's Statement

Texas State Low Cost Insurance complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If Texas State Low Cost Insurance extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

Texas State Low Cost Insurance is an equal employment opportunity employer. It is the policy of Texas State Low Cost Insurance to make employment decisions without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, marital status or any other protected category.

Applicants who are accepted for employment with Texas State Low Cost Insurance should understand that while ever effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.

Fair Credit Reporting Act Notification

You are notified that in connection with your application for employment (including contract for services) and/or active employment with Texas State Low Cost Insurance, a consumer report and/or investigative report which may contain public record information may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, promotion, reassignment or retention with Texas State Low Cost Insurance.

These reports may include information regarding your career experience along with reasons for termination of past employment, information regarding your character, reputation, personal characteristics and/or mode of living and will be obtained from public or private record sources or through personal interviews. Information may also be requested from various Federal, State, Local or other agencies.

Before a consumer and/or investigative report is requested, you will be asked to complete a Disclosure and Consent form. You will be provided the name and address of the consumer-reporting agency to which the request for information is being made. You will have the right to complete disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

EEO-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(If also a federal contractor/subcontractor – add this clause): As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For _____

Referral Sources: Advertisement Friend Relative Walk-In
 Employment Agency Company Website Other

Name _____ Phone () _____
 LAST FIRST MIDDLE

Address _____
 NUMBER STREET CITY STATE ZIP CODE

EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed: _____

Check one: Male Female

{Please Finish Survey on Back of Page}

EEO-1 Survey (Continued)

Ethnicity:

Are you Hispanic or Latino?

No, I am **not Hispanic or Latino**.

Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American – A person having origins in any of the Black racial groups of Africa.

American Indian/Alaskan Native A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian– 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.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races – All persons who identify with more than one of the above five races.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

Veteran - As defined under one or more of the following:

- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
- was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
- who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
- one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____ Date _____
