

APPLICATION FOR EMPLOYMENT

I understand that this application and any other documents I may receive are not contracts or promises of employment. Furthermore, I understand that the employment with the selected entity ("Company") is at will and may be terminated by either party, for any reason, at any time. Equal access to programs, services and employment is available to all persons. Those applications requiring accommodation to the application and/or interview should contact a representative of the Human Resources Department.

Date: _____ Position applying for: _____

Entity applying for:

- | | |
|--|--|
| <input type="checkbox"/> J & P Holdings, Inc. | <input type="checkbox"/> Hallberg Insurance Network |
| <input type="checkbox"/> First Chicago Insurance Company | <input type="checkbox"/> Hallberg Commercial Insurors, Inc. |
| <input type="checkbox"/> First Chicago Insurance Agency | <input type="checkbox"/> RedRock Insurance Agency of Texas, Inc. |
| <input type="checkbox"/> United Security Life and Health Insurance Company | <input type="checkbox"/> Lonestar MGA, Inc. |

Personal History

Name: _____
First Middle Last Social Security #

Address: _____
Street City State ZIP Phone #

List names of relatives working for Company if any: _____

Have you ever been convicted of a misdemeanor or felony (excludes non-moving traffic violations)? ____ Yes ____ No
(If yes, give details: Such conviction may be relevant if job related, but does not bar you from employment.) _____

Job Information

Salary Desired: _____ When can you start? ____ / ____ / ____

Referred: ____ Newspaper ____ Internet ____ Employee ____ Other (Explain) _____

May we contact you at work? ____ Yes ____ No Work # () _____ Best time to call: _____

Have you ever been employed here before? ____ Yes ____ No If yes, give dates: From: ____ / ____ / ____ To: ____ / ____ / ____

Are you legally eligible for employment in this country? ____ Yes ____ No

(Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of employment desired: Full Time Part Time Temporary

Will you work overtime if required? ____ Yes ____ No

Have you filed an application here before? ____ Yes ____ No

If you are under 18, can you furnish a work permit? ____ Yes ____ No

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary Final		
May we contact for reference? ___ Yes ___ No ___ Later		\$	Per	
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary Final		
May we contact for reference? ___ Yes ___ No ___ Later		\$	Per	
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Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary Final		
May we contact for reference? ___ Yes ___ No ___ Later		\$	Per	

Comments (including explanation of any gaps in employment):

Skills and Qualifications – Summarize any special training, skills, licenses, certificates and/or personal characteristics that may qualify you as being able to perform job-related functions for the position which you are applying. _____

Educational Background

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and Minor field of study, if applicable.

A. School	B. Years	C. Degree or Diploma	D. GPA	E. Major	E. Minor

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications and/or awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment of a basis prohibited by local, state or federal law. I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____

Date _____