



**APPLICATION FOR EMPLOYMENT**

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all federal, state and local laws prohibiting employment pregnancy, childbirth, physical disability, mental and/or intellectual disability, age, military status, veteran status (including protected veterans), marital status, registered domestic partner or civil union status, familial status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK —			Today's Date	
First Name	MI	Last Name	Last 4 Digits of Social Security Number	
Current Mailing Address			How long at current address?	
City		County	State	ZIP Code
Daytime Telephone	Home Telephone		Email Address	
Position for which you are applying		Date available for work	What is your minimum salary requirement?	
Check the following options you would consider <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary			If part-time, specify hours and days available	
Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work at Insperity or the Client Company to which you have applied (e.g., non-compete, non-solicitation)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If <b>Yes</b> , explain and provide a copy of such agreement.				

**EDUCATION & TRAINING**

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
Colleges*				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate School And Last Name(s) Used At Time of Graduation				
* Only list colleges or universities accredited by the Department of Education (DOE). The DOE maintains a database of accredited institutions at <a href="http://ope.ed.gov/accreditation">http://ope.ed.gov/accreditation</a> . It is your responsibility to verify accreditation.				
List course work undertaken or degree/diploma received from an unaccredited college, as well as any other education, training, special skills or certificates/licenses that you possess related to the job.				
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date

## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION

APPLICANT NAME \_\_\_\_\_

### EDUCATION & TRAINING (CONTINUED)

List any machines, equipment or software programs on which you are qualified and experienced in operating.	
List any languages that you speak fluently	List any languages that you read/write fluently
If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid driver's license in this state. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are applying for a government contractor position, please specify whether you have a security clearance and what level the security clearance is:	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 16 years old or over? <input type="checkbox"/> No <input type="checkbox"/> Yes      ▶      Age <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 or over
Have you ever been employed, or are you currently employed by Insperty/Administaff or an Insperty/Administaff Client? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give dates: From: (month/year)      To: (month/year)
Do you have any relatives currently working or who have previously worked for Insperty/Administaff or the Insperty/Administaff Client Company to which you are applying. <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , list the relatives:	

### EMPLOYMENT HISTORY (List all work experience beginning with the present or most recent job. You may also include any volunteer and/or military work. Use back of application, if necessary).

<b>MOST RECENT JOB HELD</b>	Name of Employer		Type of Business		
	Address		State	ZIP Code	
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$	
	Brief Description of Duties			Reason for Leaving	
<b>PREVIOUS EMPLOYMENT</b>	Name of Employer		Type of Business		
	Address		City	State	ZIP Code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$	
	Brief Description of Duties			Reason for Leaving	

## APPLICATION FOR EMPLOYMENT

### EMPLOYMENT HISTORY (CONTINUED)

APPLICANT NAME \_\_\_\_\_

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address		City	State      ZIP Code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$
	Brief Description of Duties		Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address		City	State      ZIP Code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$
	Brief Description of Duties		Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address		City	State      ZIP Code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$
	Brief Description of Duties		Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address		City	State      ZIP Code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed From (month/year)	Employed To (month/year)	Last Salary \$
	Brief Description of Duties		Reason for Leaving	



# REQUEST FOR CHECK OF DRIVING RECORD

**NOTE:** This form may only be used in states that do not require a specific form.

**CAUTION:** When using a third party to request background information on applicants or existing employees – such as motor vehicle records, information from previous employers, criminal records, or credit history – you are subject to the Fair Credit Reporting Act (FCRA) and State consumer reporting laws. Under FCRA, the third-party vendor is considered a consumer reporting agency (CRA) and the employee background information is a consumer report. Before you can obtain a consumer report from a CRA, you must provide applicants and employees with a disclosure stating that your company may obtain such a report for employment purposes, and you must have authorization from the applicant or employee to conduct the check. You must also provide a copy of the Federal Trade Commission's notice called "A Summary of Your Rights Under the Fair Credit Reporting Act." The notice, disclosure, and authorization are not included in this file, and some state laws have additional requirements. Consult with your CRA on the need and use of such documents.

I hereby authorize you to release the following information to \_\_\_\_\_  
(Employer)  
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

_____	_____
(Driver's Signature)	(Date)
I also hereby certify that this report request and the above driver's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the <b>Driver's Privacy Protection Act of 1994</b> (Public Law 103-322, Title XXX, Section 300002(a)).	
_____	_____
(Signature of Requester)	(Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of \_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of \_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

_____	_____
(Name of Company)	(Typed Name)
_____	_____
(Address)	(Title)
_____	_____
(City) (State)	(Signature)