



**DOYLE & OGDEN
INSURANCE ADVISORS**

Employment Application

Date

Position Desired

PERSONAL INFORMATION

First Name Middle Name Last Name

Address:

City State Zip

Home Phone Cell Phone E-mail

Are you at least 18 years old? Yes No Work Permit No. if under 18

Have you ever been convicted of a felony within the last 7 years? Yes No A "Yes" answer will not automatically disqualify you.

If yes, what was the offense?

Have you previously been employed by Doyle & Ogden? Yes No If yes, when:

Have you submitted an application to Doyle & Ogden before? Yes No If yes, when:

EDUCATIONAL INFORMATION

Check last grade completed: High School Trade School Associates Bachelors Masters

Name High School City and State

University or College Course or Major Studied

EMPLOYMENT HISTORY (List below, beginning with the most recent, all present and past employment)

Company Name Address Phone

Position/job title Dates of Employment Final Salary

Name and title of immediate supervisor Reason for leaving

Description of Duties

Company Name Address Phone

Position/job title Dates of Employment Final Salary

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Description of Duties

MILITARY HISTORY (Armed Forces of the United States or State Militia Only)

Branch Date Entered Date Discharged

Rank at Discharge Special training received

References (Please provide the names of three persons not related to you, who have known you for more than one year.)

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>

Emergency contact

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
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I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation, or omission of fact whether on the Application or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Company if employed. I understand that Doyle & Ogden Insurance is an "At Will" employer.

I understand and agree that my employment and compensation are for no definite period and may, regardless of the time and manner of my wages and salary, be terminated at any time by me or the Company, with or without cause, and without any previous notice. I also understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited to law. I acknowledge that no Company employee nor representative, other than its President or Vice President, has either the power or authority to enter into any agreement for, employment for any specified period of time, or unless that agreement is in writing and signed by the President or Vice President of the Company (Employment Agreement is a condition of employment). I understand that any prior representations, promises, contracts or statements made by or on behalf of the Company are superseded by the foregoing.

I understand the Company also reserves the right to effect permanent or temporary layoffs in the event that company determines, in its sole judgment, that it is necessary to reduce the number of employees, or discontinue a position, or eliminate/reorganize a program or department in whole or part; or, to change the company's priorities, efficiency or economy of operations, budget reductions or similar reasons.

Special Note: If position applying for is Full Time it is considered to be 40 hours per week and applicant is eligible for Employee Benefits outlined in Employee Handbook (Section: Principles of Employment, Pg. #2. Part Time employee status does not allow participation in most Employee Benefits outlined in the Employee Handbook.

A person with a disability or handicap requiring accommodation for completing the application process should notify the Human Resources Department as soon as possible.

Doyle & Ogden Insurance is an Equal Opportunity Employer. It is the policy of Doyle & Ogden Insurance to afford equal employment opportunity regardless of race, religion, color, national origin, sex, sexual orientation, age, marital status, height, weight, disability or handicap. Michigan Law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 30 days after the need is known.

Date

Applicant signature acknowledging/understanding all the above

Company use only:

Start Date	<input type="text"/>	Starting pay	<input type="text"/>	Date of first salary review	<input type="text"/>
Benefits selected	<input type="text"/>	Effective date	<input type="text"/>		

Comments