



APPLICATION FOR EMPLOYMENT

*Pre-employment Questionnaire:
An Equal Opportunity Employer*

After you save this application to your PC, please fill it out and then send it with your resume to hr@srife.net. Note: Do not fill this application out in your Web Browser as you will not be able to save the contents to your PC. Save to your PC first and then fill out the form there.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			EMAIL	
PRESENT ADDRESS	APT NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE		ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DESIRED EMPLOYMENT

POSITION DESIRED	DATE YOU CAN START	HOURLY RATE / SALARY DESIRED	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	WHEN?
POSITION			
REASON FOR LEAVING			
TYPE OF EMPLOYMENT YOU WOULD PREFER: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME			
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> WALK-IN <input type="checkbox"/> CURRENT EMPLOYEE, IF SO WHO? _____			

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			
TRADE/ BUSINESS SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING / AGENT LICENSING
SPECIAL SKILLS



877.777.8808 • 1 Senior Life Lane, Thomasville, GA 31792

www.SeniorLifeInsuranceCompany.com

This Form has been designed to strictly comply with Federal fair employment practice laws prohibiting employment discrimination.

LAST

FIRST

MIDDLE

FORMER EMPLOYERS LIST BELOW THE LAST THREE (3) EMPLOYERS, STARTING WITH THE MOST RECENT FIRST.

NAME OF PREVIOUS EMPLOYER			EMAIL		
ADDRESS		CITY	STATE	ZIP	
STARTING DATE	LEAVING DATE	JOB TITLE			
STARTING HOURLY RATE/ SALARY	FINAL HOURLY RATE/ SALARY	MAY WE CONTACT YOUR SUPERVISOR?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		JOB TITLE	PHONE		
DESCRIPTION OF WORK PERFORMED					
REASON FOR LEAVING					

NAME OF PREVIOUS EMPLOYER			EMAIL		
ADDRESS		CITY	STATE	ZIP	
STARTING DATE	LEAVING DATE	JOB TITLE			
STARTING HOURLY RATE/ SALARY	FINAL HOURLY RATE/ SALARY	MAY WE CONTACT YOUR SUPERVISOR?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		JOB TITLE	PHONE		
DESCRIPTION OF WORK PERFORMED					
REASON FOR LEAVING					

NAME OF PREVIOUS EMPLOYER			EMAIL		
ADDRESS		CITY	STATE	ZIP	
STARTING DATE	LEAVING DATE	JOB TITLE			
STARTING HOURLY RATE/ SALARY	FINAL HOURLY RATE/ SALARY	MAY WE CONTACT YOUR SUPERVISOR?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		JOB TITLE	PHONE		
DESCRIPTION OF WORK PERFORMED					
REASON FOR LEAVING					

REFERENCES BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	EMAIL	PHONE	BUSINESS
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE & RANK
PRESENT MEMBERSHIP IN NATIONAL GUARD / RESERVES	DATE OBLIGATION ENDS

SPECIAL QUESTIONS

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS?		
WHAT FOREIGN LANGUAGES DO YOU SPEAK OR WRITE FLUENTLY?		
HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A CRIME?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN?		
<ul style="list-style-type: none"> I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE, CRIMINAL BACKGROUND CHECK(S), SUBSTANCE TEST(S) AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE COMPANY AND TO RELEASE THE COMPANY, ITS DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S). <input type="checkbox"/> YES <input type="checkbox"/> NO YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED. 		

IMPORTANT

WE ARE GLAD YOU ARE INTERESTED IN JOINING OUR TEAM. PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND RETURN THIS APPLICATION TO SENIOR LIFE INSURANCE COMPANY.

SENIOR LIFE INSURANCE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. SENIOR LIFE INSURANCE COMPANY DOES NOT DISCRIMINATE IN EMPLOYMENT ON ACCOUNT OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, CITIZENSHIP STATUS, ANCESTRY, AGE, SEX, SEXUAL ORIENTATION, MARITAL STATUS, PHYSICAL OR MENTAL DISABILITY, OR MILITARY STATUS.

"I ATTEST WITH MY SIGNATURE BELOW THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THE APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE SENIOR LIFE INSURANCE COMPANY TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION, INCLUDING THE AUTHORIZATION FOR SENIOR LIFE INSURANCE COMPANY TO CONTACT ALL REFERENCES PROVIDED TO GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT. IF ANY INFORMATION I HAVE PROVIDED IS UNTRUE, OR I HAVE CONCEALED INFORMATION, I UNDERSTAND THAT THIS WILL CONSTITUTE CAUSE FOR THE DENIAL OF EMPLOYMENT OR IMMEDIATE DISMISSAL.

I UNDERSTAND AND AGREE THAT, IF HIRED, I WILL FULLY ADHERE TO THE POLICIES, RULES AND REGULATIONS OF SENIOR LIFE INSURANCE COMPANY. I ALSO UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

I acknowledge that by typing my name I am affixing my digital signature to this document.

Signature

Date

If you have any questions or require any assistance with getting your application to us, please email us at hr@srilife.net.