

# APPLICATION FOR EMPLOYMENT

In reading and answering these questions, please keep in mind that none of the questions are intended to imply limitations, preferences or discrimination based on age, sex, marital status, race, religion, color, national origin, veteran status, or existence of any sensory, mental or physical disability that does not interfere with the performance of the position for which you are applying. **All information requested must be completed for your application to be considered.**

APPLICATION DATE (MM-DD-YYYY)

NAME (as it appears on your Social Security Card)			
STREET ADDRESS (physical address, NOT PO Box)			UNDER 18 (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	COUNTY	STATE	ZIP CODE
PHONE NO. (Include Area Code)	IF NECESSARY, BEST TIME TO CALL YOU AM / PM		
MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	WORK NUMBER		
PERSONAL EMAIL ADDRESS			
POSITION DESIRED		ANNUAL SALARY EXPECTATIONS	
TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY			
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO		NOTE: IF YOU ARE HIRED, YOU WILL BE REQUIRED TO COMPLY WITH THE VERIFICATION PROVISIONS OF THE IMMIGRATION ACT AS A CONDITION OF EMPLOYMENT.	
REFERRAL SOURCE <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> INTERNET <input type="checkbox"/> INDUSTRY REFERRAL (Please Specify) _____ <input type="checkbox"/> RECRUITING/SEARCH FIRM (Please Give Name of Agency & Representative) _____ <input type="checkbox"/> EMPLOYEE REFERRAL (Please Specify) _____ <input type="checkbox"/> OTHER _____			
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY AmWINS GROUP, INC. OR ANY OF ITS SUBSIDIARIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING:			
LAST OFFICE LOCATION	LAST POSITION HELD	LAST SUPERVISOR	
WILL YOU TRAVEL IF JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU WORK OVERTIME IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:	
EDUCATIONAL BACKGROUND			
SCHOOL NAME AND LOCATION	DEGREE / CERTIFICATE OR DIPLOMA	FIELD OF STUDY	GRADE/ G.P.A.

**PROFESSIONAL LICENSES, CERTIFICATES AND MEMBERSHIPS**

TITLE, ORGANIZATION, OR DESCRIPTION	YEAR RECEIVED	EXPIRATION DATE

**COMPLETE EMPLOYMENT RECORD (Begin with present or last position)**

COMPANY NAME	EMPL. FROM (MM-DD-YYYY)
STREET ADDRESS	EMPL. TO (MM-DD-YYYY)
CITY	STATE                  ZIP CODE
JOB TITLE	DEPARTMENT
SUMMARIZE THE TYPE OF WORK PERFORMED	
REASON FOR LEAVING	
SUPERVISOR'S NAME AND TITLE	TELEPHONE (Include Area Code)

COMPANY NAME	EMPL. FROM (MM-DD-YYYY)
STREET ADDRESS	EMPL. TO (MM-DD-YYYY)
CITY	STATE                  ZIP CODE
JOB TITLE	DEPARTMENT
SUMMARIZE THE TYPE OF WORK PERFORMED	
REASON FOR LEAVING	
SUPERVISOR'S NAME AND TITLE	TELEPHONE (Include Area Code)

COMPANY NAME	EMPL. FROM (MM-DD-YYYY)
STREET ADDRESS	EMPL. TO (MM-DD-YYYY)
CITY	STATE                  ZIP CODE
JOB TITLE	DEPARTMENT
SUMMARIZE THE TYPE OF WORK PERFORMED	
REASON FOR LEAVING	
SUPERVISOR'S NAME AND TITLE	TELEPHONE (Include Area Code)

DID YOU WORK FOR ANY OF THESE EMPLOYERS UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH EMPLOYER(S) AND UNDER WHAT NAME?
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PROFESSIONAL REFERENCES			
NAME	POSITION	COMPANY	ADDRESS / TELEPHONE NO

  

EMPLOYMENT CONDITIONS
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I am  am not  under any obligation to a previous employer, through a secrecy and invention or non-competition agreement, or otherwise, restricting my acceptance of employment with a competitive firm. If any such agreement exists I certify that I will abide by all terms and conditions of that agreement.

I verify that all information I have supplied in this application and any other form, oral or written, is true, complete and accurate. I agree that any misstated, misleading, incomplete, or false information I have provided in my application, resume, any other employment-related materials, or during any interview is grounds for AmWINS' rejection and destruction of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that AmWINS will rely on my statements in making its decision whether to hire me.

I understand and agree that AmWINS and any agent acting on its behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

I understand and agree that, if hired, my employment will be at will, and that I or AmWINS may terminate this employment relationship at any time, with or without notice, for any reason, good or bad, without recourse by either of us.

I understand that this application remains current for 30 days. At the conclusion of that time, if I have not heard from AmWINS and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I agree to comply with all of the Company's policies, rules and procedures in effect during my employment and understand that my employment will remain at-will. I understand that no employee, manager or other agent of AmWINS has any authority to enter into any agreement for employment for any specified period of time unless such agreement is in writing and signed by the CEO of the Company. I further understand that in the absence of such an agreement, employment can be terminated with or without cause by the Company or me at any time.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS TO THE ABOVE EMPLOYMENT CONDITIONS.

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SIGNATURE (actual signature required) DATE