



# Application for Employment

Morris insurance & Financial Services  
PO Box 5  
Broadway, VA 22815  
(540) 896-7085

**M**orris Insurance & Financial

## Applicant Information

**Applicant Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_  
*Please indicate which number is the best way to reach you.*

**Email Address:** \_\_\_\_\_

**Are you legally eligible for employment in this country?** \_\_\_\_\_  
*(Proof of US citizenship or immigration status will be required upon employment.)*

**Have you been convicted of a felony in the last seven (7) years?** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

**Position Desired:** \_\_\_\_\_ **Wage Desired:** \_\_\_\_\_

**Date available for work:** \_\_\_\_\_

Please continue to the next page.



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## Employment History

**Most Recent or Current Employer:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Supervisor's Phone Number:** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_ **Wages:** \_\_\_\_\_

**Describe Position Duties:** \_\_\_\_\_

\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Supervisor's Phone Number:** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_ **Wages:** \_\_\_\_\_

**Describe Position Duties:** \_\_\_\_\_

\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Supervisor's Phone Number:** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_ **Wages:** \_\_\_\_\_

**Describe Position Duties:** \_\_\_\_\_

\_\_\_\_\_

Please continue to the next page



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**Education:**

**High School Attended:** \_\_\_\_\_ **Years Completed:** \_\_\_\_\_

**College(s) Attended:** \_\_\_\_\_ **Years Completed:** \_\_\_\_\_

**Graduation Year:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

**Additional Education Information:** \_\_\_\_\_

**Applicant Skills:**

**Summarize your skills and qualifications for this position:** \_\_\_\_\_

**List any additional information you would like for us to consider:**

**Please continue to next page**



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**References:**

**Please list the name and contact information for three (3) individuals for reference that are NOT related to you.**

**Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone Number: (Home):** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone Number: (Home):** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone Number: (Home):** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

\_\_\_\_\_  
*Applicants Signature*

\_\_\_\_\_  
*Date*

*By signing the above, I am acknowledging that all information given on the above application is true. I understand that any improper or misleading information, purposely given, may result in, but not limited to, disqualification of consideration for a position or immediate dismissal from employment at Morris Insurance & Financial or Morris Insurance, LLC*

*All potential employees are evaluated without regard to age, religion, race, color, national origin, sex, or any other protected status.*