



Application for Employment

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

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.