



# EMPLOYMENT APPLICATION

Virginia Property Insurance Association  
P. O. Box 5568  
Glen Allen, VA 23060  
Phone (804) 591-3700  
Fax (804) 591-3737

PERSONAL INFORMATION									
Last Name			First Name				Middle Initial		
Address					City		State	Zip	
Social Security Number				Home Phone			Work Phone		
Position Applied For					Rate of Pay Expected			\$	Annually
Would You Work		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		List Hours & Days Available					
Were You Previously Employed by us?				<input type="checkbox"/> No <input type="checkbox"/> Yes		When?		Why Did you Leave?	
Do Any Friends or Relatives Work for This Company?				<input type="checkbox"/> No <input type="checkbox"/> Yes		Who?			
How Did you hear about this company?					If Hired, When could you start?				
Have you ever pled "guilty" or "no-contest" to or been convicted of a crime?						<input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, provide details on separate page.	

RECORD OF EDUCATION				
School	Name & Address of School	Course of Study	Did You Graduate	List Degree
High School			<input type="checkbox"/> No <input type="checkbox"/> Yes	
College			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other			<input type="checkbox"/> No <input type="checkbox"/> Yes	

Please list all of your previous jobs in the section below. If there are any periods of time where you were not working, provide an explanation in the comments section on the back of this application. If you have worked under any other names, please list them.

RECORD OF EMPLOYMENT							
Name & Address of Company And type of Business	From Mo / Yr	To Mo / Yr	Starting Salary	Ending Salary	Describe the Work You Performed	Reason For Leaving	Name of Supervisor
Phone # ( ) -							
Phone # ( ) -							
Phone # ( ) -							

CERTIFICATION	
I certify that the information provided on this application is complete and accurate. I understand that employment if offered is at will, and that no contract for employment of a definite duration will exist.	
Signature	Date

