



700 Regent Street, P.O. Box 259408
 Madison, Wisconsin 53725-9408

Phone: 608-257-3795
 Fax: 608-257-4324
 www.hausmann-johnson.com



It is the policy of Hausmann-Johnson Insurance (HJI) to fill every position without regard to race, color, religion, creed, sex, marital status, age, national origin, ancestry, physical or mental disability, medical condition, sexual orientation or any other consideration made unlawful by federal, state, or local laws. We are an equal opportunity employer and select employees on the basis of ability, experience, training, and character. We consider applications for a 60-day period. If you wish to be considered after 60-days from the date of application, please reapply.

ALL ITEMS MUST BE COMPLETED FOR CONSIDERATION	Date:
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Position for which applying:	Date available to start:	Salary desired \$
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Last name	First name	Middle name
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Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list name and dates used:	Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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House/Apt. #	Street Address	City	State	Zip code	Home Phone Number: () - -
					Cell / Alternate Number: () - -

E-Mail Address (if available):	Best time to reach you: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
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How did you learn about this job opening?

Have you previously applied for a position with us? Yes No If yes, provide date(s) and position(s) applied for:
 Have you ever worked for HJI before? Yes No If yes, provide date(s) and position(s):

Have you ever been convicted of a crime, other than a minor traffic violation? Yes No If yes, provide date of conviction and type of felony.
 Prior convictions will not absolutely bar employment, but will only be considered in relation to specific job requirements.

Are you now employed? Yes No If yes, may we contact your present employer regarding your qualifications? Yes No

Education	GED High School Equivalent Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of last grade or high school attended:	Address	City	State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, highest grade completed _____	Will graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
College, Business or other schools attended	Full-time Part-time	Total years completed	Did you graduate?	Course of Study: Major/Minor	Degree or Certificate
Name: Address: City & State:					
Name: Address: City & State:					
Name: Address: City & State:					

Certificates/Licenses

Do you hold any certificates/ licenses/designations? Yes No If yes, please specify.

Employment Experience

Beginning with present or last job, list all employers to account for the last ten years of employment and fully describe major duty assignments

Employer:		Employer's Phone Number:			
Street Address:		Your Job Title:			
City and State:		Your Duties:			
Supervisor's Name and Title:		Supervisor's Current Phone #: ()		Average hours worked per week: _____ Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Employed From (Mo./Yr.)	To (Mo./Yr.)	Starting Base Wage	Final Base Wage	Starting Bonus	Final Bonus
		\$ _____	\$ _____	\$ _____	\$ _____
Reason for leaving:					

Employer:		Employer's Phone Number:			
Street Address:		Your Job Title:			
City and State:		Your Duties:			
Supervisor's Name and Title:		Supervisor's Current Phone #: ()		Average hours worked per week: _____ Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Employed From (Mo./Yr.)	To (Mo./Yr.)	Starting Base Wage	Final Base Wage	Starting Bonus	Final Bonus
		\$ _____	\$ _____	\$ _____	\$ _____
Reason for leaving:					

Employer:		Employer's Phone Number:			
Street Address:		Your Job Title:			
City and State:		Your Duties:			
Supervisor's Name and Title:		Supervisor's Current Phone #: ()		Average hours worked per week: _____ Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Employed From (Mo./Yr.)	To (Mo./Yr.)	Starting Base Wage	Final Base Wage	Starting Bonus	Final Bonus
		\$ _____	\$ _____	\$ _____	\$ _____
Reason for leaving:					

Employer:		Employer's Phone Number:			
Street Address:		Your Job Title:			
City and State:		Your Duties:			
Supervisor's Name and Title:		Supervisor's Current Phone #: ()		Average hours worked per week: _____ Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Employed From (Mo./Yr.)	To (Mo./Yr.)	Starting Base Wage	Final Base Wage	Starting Bonus	Final Bonus
		\$ _____	\$ _____	\$ _____	\$ _____
Reason for leaving:					

Computer/Software/Office Skills

Check all programs you are comfortable working in; and, list any others you have worked with.

- MS Word MS Excel PowerPoint Access _____ _____ _____
 GroupWise TAM Email Outlook

Also list your administrative skills and all office equipment you are familiar with:

Personal Information

The following information will help us assess all of your abilities to the job now available and, if employed, to potential growth opportunities that may come available HJI.

Which of the jobs held did you like best and why?

Which job did you like the least and why?

What are your future career objectives?

Professional Organizations

List any job-related professional or technical organizations to which you belong including your position and contributions.

Business References Only

Give the names of three persons, not related to you, with whom you have had a significant business relationship.

Name	Title	Business Name	Business Phone Number	Nature Of Your Relationship

Certification

Hausmann-Johnson Insurance

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I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal no matter when discovered.

I authorize investigation of all statements contained in this application and any supporting documents. I authorize Hausmann-Johnson Insurance to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience, and I hereby release all parties from any liability arising from such investigation. I specifically authorize investigation of my D.M.V. record, criminal record, and consumer credit history.

I understand that acceptance of an offer of employment does not create a contractual obligation upon Hausmann-Johnson Insurance to employ me in the future.

Upon acceptance of employment, I agree to conform to the rules, regulations and policies that Hausmann-Johnson Insurance may periodically promulgate, withdraw, or modify. I understand my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the company or myself.

Date: _____

PRINT Name: _____ Signature: _____

Your original hand-written signature must appear here.
Please print this application and sign here before submitting for consideration.