



Philadelphia Insurance Companies

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
610.617.7900 • Fax: 610.617.7940 • www.phly.com

EMPLOYMENT APPLICATION

POSITION APPLIED FOR		TYPE OF EMPLOYMENT <input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		DATE
NAME OF APPLICANT (Please indicate how you wish to be addressed)				
Surname		First Name		Initial(s)
ADDRESS (Number, Street, City, State Zip Code)				
SOCIAL SECURITY NUMBER		TELEPHONE NUMBERS Cell-Phone: _____ Home: _____ Business: _____		
PREVIOUS ADDRESS IN THE UNITED STATES				
Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: _____

EDUCATION

SECONDARY SCHOOL ATTENDED AND LOCATION		HIGHEST GRADE SUCCESSFULLY COMPLETED		DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
UNIVERSITY ATTENDED AND LOCATION		NO. OF YEARS COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No		DEGREES
MAJOR SUBJECTS OF SPECIALIZATION:					
COMMUNITY COLLEGE ATTENDED AND LOCATION		NO. OF YEARS COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No		DEGREES
MAJOR SUBJECTS OF SPECIALIZATION:					
OTHER EDUCATIONAL TRAINING/COURSES:					

SOFTWARE/OFFICE/SECRETARIAL

SKILL/APTITUDE	YEARS OF EXPERIENCE	WORDS PER MINUTE	List secretarial training courses completed and any other training which may be helpful in considering your application: _____ _____ _____ _____
Typing			

EMPLOYMENT HISTORY (List present or most recent positions first)

① NAME OF EMPLOYER		ADDRESS		Number	Street	City
TYPE OF BUSINESS		DEPARTMENT		YOUR POSITION		
DUTIES						
NAME, POSITION AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR						
DATE EMPLOYED (Day, Month, Year)		DATE LEFT (Day, Month, Year)		STARTING SALARY		FINAL SALARY
REASON FOR LEAVING						
② NAME OF EMPLOYER		ADDRESS		Number	Street	City
TYPE OF BUSINESS		DEPARTMENT		YOUR POSITION		
DUTIES						
NAME, POSITION AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR						
DATE EMPLOYED (Day, Month, Year)		DATE LEFT (Day, Month, Year)		STARTING SALARY		FINAL SALARY
REASON FOR LEAVING						
③ NAME OF EMPLOYER		ADDRESS		Number	Street	City
TYPE OF BUSINESS		DEPARTMENT		YOUR POSITION		
DUTIES						
NAME, POSITION AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR						
DATE EMPLOYED (Day, Month, Year)		DATE LEFT (Day, Month, Year)		STARTING SALARY		FINAL SALARY
REASON FOR LEAVING						

May We Ask Your Present Employer for a Reference?

Yes

No

REFERENCES

NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER

Whom do you know at Philadelphia Insurance Companies?

How were you referred to Philadelphia Insurance Companies?

PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct.

If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I understand that an offer of employment may require the signing of a non-compete agreement.

“I hereby authorize **Philadelphia Insurance Companies**, or its authorized representatives, to conduct such inquiries as necessary to verify all information contained in my application for employment at **Philadelphia Insurance Companies**. Said inquiries will include verification of previous employment, education, criminal conviction record, and the procurement of a consumer credit report.”

Signature: _____

Date: _____

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.

I consent to _____ obtaining such personal and job-related information as required in connection with this application for employment.

Date

Signature of Applicant

This application form complies with all Human Rights Legislation.

Philadelphia Insurance Companies is an equal opportunity employer and requires substance abuse testing of all applicants for employment.

Philadelphia Insurance Companies is committed to providing a drug-free work place for its employees. Accordingly, should your application for employment meet with initial approval by management, you will be required, as a condition of employment, to submit to a pre-employment substance abuse test. Should you fail the substance abuse test and the failure is confirmed by subsequent laboratory test, you will not be offered a position with the Philadelphia Insurance Companies.

By signing below, I hereby acknowledge that I have read the foregoing and agree to be bound by its terms.

Signature: _____

Date: _____