123 ARCHBISHOP FLORES STREET HAGATNA, GU 96910 TEL: 477-8701/02 FAX: 477-4683
www.alphainsurers.com Email: aihired@gmail.com

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, and national origin, age, martial or veteran status, the presence of non-job-related medical condition or Handicap or any other legal protected status.

PERSONAL INFORMATION: Date: _____

Name:_____ SS# _____
Last First Middle

Physical Address:_____
Street City State Zip

Mailing Address:_____
Street City State Zip

Phone No: (H):_____;(W)_____;(Cell) _____;(Other) _____

Email Address:_____;_____

Are you eligible to work in the United States? Yes _____ No_____

Are you 18 years or older? Yes_____ No_____

EMPLOYMENT DESIRED:

Position: _____ Start Date: _____ Minimal Salary Desired: _____

Are you employed now? Yes_____ No_____

May we inquire of your present/past employer? Yes_____ No_____

Ever applied to this company before? Yes_____ No_____ If Yes, when? _____

Referred By: _____ (Family, Friends, Acquaintances, Advertisement)

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EDUCATION:

	Name/Location of School	Years Attended	Graduated?	Major/Degree
High School				
College				
Trade, Business, or Correspondence School				

Special Skills/Certificates Obtained/Special Subjects Studied or Completed:

_____

_____

_____

WORK EXPERIENCE: (List below last three employers starting with the most recent)

MONTH/DAY/YEAR	Name/Address of Employer	Position	Salary	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				

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REFERENCES: (Give names of three persons unrelated to you, whom you have known at least 1 year)

Name	Company	Job Title	Contact Number

APPLICANT'S STATEMENT (Initial blank lines below)

- I certify that the facts contained in this application are true and complete to the best of my knowledge. _____
- I understand that, if employed, falsified statements on this application shall be grounds for dismissal. _____
- I authorized investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damages that may result from furnishing same to you. _____
- I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause. _____
- I understand also that I am required to abide by all rules and regulations of the employer. _____
- I understand that Alpha Insurers may conduct and/or request criminal, credit, and driving records upon conditional offer of employment. _____
- I hereby certify that the above data are true and correct and that any falsify, or untruth contained therein shall be sufficient cause for my dismissal. _____

_____

Applicant Signature

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FOR COMPANY USE ONLY

Interviewed By: _____ Date: _____ Time:_____

(Rate 1-3 with 1 = Excellent, 2 = Good, 3 = Poor)

Customer Service	Communication	Writing/Typing	Sales/Marketing	Multitask
Fast Learner	Detailed	Team Player	Comp Lit	Graphics/IT

Remarks:_____

_____

_____

_____

Own Car/Transportation: _____ Work Start Date: _____

Department: _____ Probation Wage: $_____

Job Position: _____ Permanent Wage: $_____

Approved by: _____; _____; _____

Jeffrey Hsiao **Victor De Roca** **Lillian Hsiao**

ALPHA INSURERS

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Authorization to Release Employee Information

I, _____ , hereby authorize my prior employer, _____, to release any and all information relating to my employment with them to Alpha Limited Company dba Alpha Insurers.

I further release and hold harmless both my prior employer and Alpha Limited Company dba Alpha Insurers from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

_____

Employee's Printed Name

_____

Employee's Signature

_____

Date

Alpha Insurers Bldg., 123 Archbishop Flores St., Hagatna, GU 96910 Tel: (671) 477-8701/02 Fax: (671) 477-1570
www.alphainsurers.comservice@alphainsurers.com

Upper Tumon Branch: Honukai Center (Next to American Medical Center) Tel: (671) 637-8833/44 Fax: (671) 637-8855
General Agent for Chung Kuo Insurance Co., Ltd.