

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS

An Equal Opportunity Employer

JOB APPLICATION

Date:		E-Mail Address:			
Name:			Social Security Number:		
Last	First	Middle Initial			
Address:		City	State	Zip	Telephone:
Street					
Position Applying For:				Salary Required:	
Employment Desired:		Full-Time	Part-Time	Temporary	

SKILLS	
Typing: WPM	Other Skills:

EDUCATION	School	Location	Years	Major & Degree	GPA
High School					
College					
Other					

List any Professional Designations, licenses, activities, offices, hobbies, and leisure time interests that might be helpful in considering your application.

Please tell us anything more about yourself, your background, or your experience that you feel might be significant.

Names of any relative(s) currently employed at American-Amicable?	
Who referred you to the Company?	
May we contact your present employer?	YES NO
Have you ever been convicted of a felony?	YES NO

WORK EXPERIENCE (Beginning with most recent job held.)					
EMPLOYER		SUPERVISOR		SALARY (start/final)	EMPLOYMENT DATES (start/finish)
Address: Street		City	State	Zip	Telephone:
Reason for Leaving:					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

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Reason for Leaving:					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

I authorize investigation of statements in this application. I give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others.

To authorize submission of your employment application, please type your signature below:

Electronic Signature:

Date:

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