



# EMPLOYMENT APPLICATION

Dodrill Insurance is an *Equal Employment Opportunity (EEO)*  
and an *Employment At-Will* employer

Print, fill out and mail to:  
Dodrill Insurance, Inc.  
PO Box 27299  
Denver, CO 80227-0299

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ARE YOU 18 YEARS OLD OR OLDER?       YES    NO

## DESIRED EMPLOYMENT

POSITION: \_\_\_\_\_ DATE AVAILABLE TO START: \_\_\_\_\_

DESIRED SALARY: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?       YES    NO

WHO REFERRED YOU TO DODRILL INSURANCE? \_\_\_\_\_

## EDUCATION

SCHOOL LEVEL	SCHOOL NAME AND CITY LOCATED	YEARS ATTENDED	YEAR GRADUATED	DEGREE ACQUIRED
HIGH SCHOOL				
COLLEGE				
POST GRADUATE				
ADDITIONAL TRAINING				



## FORMER EMPLOYERS

List below your last three employers starting with the most recent one first

NAME OF PRESENT/LAST EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER?  YES  NO

STARTING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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NAME OF LAST EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER?  YES  NO

STARTING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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NAME OF LAST EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER?  YES  NO

STARTING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_



**REFERENCES**

Give the names of three people you are not related to and have known at least one year

Name	Address	Phone Number	Years Acquainted

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE YEARS?  YES  NO

IF SO, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION**

“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 AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.”

I UNDERSTAND THAT THE STATE OF COLORADO IS AN AT-WILL STATE.”

SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_