



Filichia Ins. FILICHIA INSURANCE AGENCY INC.

Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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Company

Phone ()

Address

Are your computer literate? _____ Do you Tweet: _____ Do You have a FACE BOOK Account: _____ Do You Text: _____

Do you hold any Insurance License or Professional designation: _____

This Information is true and correct to the best of my knowledge: **Sign** _____

Date: _____

EXHIBIT 22

IMPORTANT NOTICE ABOUT THE FAIR CREDIT REPORTING ACT

Thank you for considering our Agency as a possible employer. As part of our normal interviewing procedure, an investigation concerning you may be made.

You are entitled to certain information under a Federal Law known as the Fair Credit Reporting Act. We will be happy to provide you with all necessary information to permit you to take full advantage of the provisions of this Act.

The purpose of this notification is to specifically call these matters to your attention:

1. As part of our procedures, an inquiry may be made whereby information will be obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This information will deal with your credit worthiness, credit standing, character, general reputation, personal characteristics, finances, and mode of living.
2. Upon written request, within a reasonable period of time, additional information concerning the nature and scope of this report, if one is made, will be provided to you. Any such request for additional information should be directed to our Agency.

Agent

I acknowledge receipt of the above information.

Date

Applicant