



Corporate Headquarters

99 Troy Road East Greenbush, NY 12061
(518) 244-4245

Employment Application

ROSE & KIERNAN, INC.
INSURANCE, SURETY & BENEFIT SERVICES

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If the answer is NO or NONE, indicate such. We appreciate your interest in **Rose & Kiernan, Inc.**

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, marital status, pregnancy, military status, veteran status, predisposing genetic characteristics or carrier status, arrest or conviction record, or any other legally protected class or status. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Human Resources Department.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Phone Number		
	Address				
	City		State	Zip	
	Position Applied For		Rate of Pay Desired / Expected		
	Are you Available For <i>(check all that apply)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date(s) Available For Work		
	How were you referred to Rose & Kiernan ? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> NYS Dept of Labor <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Other _____				
	Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever filed an application or interviewed for employment with Rose & Kiernan ? If yes, give month and year ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been previously employed with Rose & Kiernan ? If yes, give dates From ____/____/____ To ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not provided		

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	Number of Years Completed <i>(do not give dates)</i>	Course of Study	Diploma or Degree Obtained
	High School or Preparatory School				
	College				
	Other				

SKILLS	List any additional skills, technical or professional knowledge that you feel would support your application:	List certificates, licenses or professional achievements that would support your qualifications for employment:

EMPLOYMENT HISTORY Provide employment information (including military service) for the last 15 years, starting with the most recent employer first. If you have had more than four employers and need more space, provide this information on another sheet and attach to this Application.

Present or Last Employer

If current employer, may we contact? Yes No

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Current or Ending Pay Rate
Title of Position	Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

Next Previous Employer

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Ending Pay Rate
Title of Position	Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

Next Previous Employer

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Ending Pay Rate
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Description of duties, responsibilities and significant accomplishments

Reason for leaving

Next Previous Employer

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Employment Dates (Month/Year)	Ending Pay Rate
Title of Position	Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

REFERENCES (Other than relatives or former supervisors; list three)

Name/Occupation	Phone Number
Address City State Zip	Years Known
Name/Occupation	Phone Number
Address City State Zip	Years Known
Name/Occupation	Phone Number
Address City State Zip	Years Known

CONVICTION RECORD STATUS

All applicants and employees must, as a condition of employment, inform the organization of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

Have you ever been convicted of and/or plead guilty to a felony or misdemeanor in the past seven years? Yes No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. **Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the organization.** Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, the seriousness of the offense, and any other job-related reasons. The nature of the violation and all other appropriate circumstances will be considered. The organization reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

READ CAREFULLY AND SIGN BELOW

I certify that this employment application was completed by me, and that all statements given herein are true and complete to the best of my knowledge. I understand that misrepresentation or omission of any material fact may be cause for rejection of my application, or if already hired, termination of my employment.

I authorize **Rose & Kiernan, Inc.** or any of its subsidiaries to verify all of the information I have provided on this application or furnished elsewhere, and to obtain any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, consumer reporting agencies, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release **Rose & Kiernan, Inc.** and its employees from all liability for any damage that may result from reliance on the information furnished.

I understand that if employed I am required to abide by all policies, rules and regulations of **Rose & Kiernan, Inc.** I also understand and agree that, if hired, my employment with **Rose & Kiernan, Inc.** is "at-will" and is for no definite period, and may be terminated by the organization at any time, for any reason, with or without cause or notice. At the same time, I understand that employees may terminate their employment at any time for any reason.

Date _____ Signature of Applicant _____