

Name of Insperity Client Company (if applicable and known)
How did you hear about the position for which you are applying?

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based on a person’s race (including hair texture and hairstyles) color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental and/or intellectual disability, age, military status, veteran status (including protected veterans), marital status, registered domestic partner or civil union status, familial status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, sexual orientation, or any other protected status.

— PLEASE TYPE OR PRINT IN INK —			Today’s Date	
First Name	MI	Last Name	Last 4 Digits of Social Security No.	
Current Mailing Address				
City	County	State	ZIP Code	
Phone Number	Email Address			
Position for which you are applying	Date available for work	What is your minimum salary requirement?		
Check the following options you would consider <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary				
Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work at Insperity or the client company to which you have applied (e.g., non-compete, non-solicitation)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , explain and provide a copy of such agreement.				

Education & Training
Applicant Name _____

Education & Training				
	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
Colleges*				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate School and Last Name(s) Used at Time of Graduation				
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
List any machines, equipment or software programs on which you are qualified and experienced in operating.				
List any languages that you speak fluently.		List any languages that you read/write fluently.		
If you are applying for a government contractor position, please specify whether you have a security clearance and what level the security clearance is:				
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 16 years old or over? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Age <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 or over		
Do not identify your marital status in your response. Do you have any relatives currently working at Insperity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please list the relatives:				

Employment History

Applicant Name _____

Employment History

(List all work experience beginning with the present or most recent job. Insperity will contact all previous employers to verify your employment. Please list your current or most recent employer first and indicate whether you are currently employed in the boxes provided. Insperity will not contact your current employer without permission. You may also include any volunteer and/or military work. Use back of application, if necessary.)

CURRENT / MOST RECENT JOB	Name of Employer		Type of Business	
	Address		City	State ZIP Code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed From (month/year)	Employed To (month/year)
	Brief Description of Duties		Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address		City	State ZIP Code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed From (month/year)	Employed To (month/year)
	Brief Description of Duties		Reason for Leaving	
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address		City	State ZIP Code
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed From (month/year)	Employed To (month/year)
	Brief Description of Duties		Reason for Leaving	

Employment History (Continued)

Applicant Name _____

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State ZIP Code	
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed From (month/year)	Employed To (month/year)	
	Brief Description of Duties		Reason for Leaving		
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State ZIP Code	
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed From (month/year)	Employed To (month/year)	
	Brief Description of Duties		Reason for Leaving		
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State ZIP Code	
	Title		Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	Supervisor Name		Supervisor Phone Number	Human Resource/Payroll Phone Number	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed From (month/year)	Employed To (month/year)	
	Brief Description of Duties		Reason for Leaving		

Additional Information
Applicant Name _____

Business References *(List three individuals, in addition to listed employment references, known to you for at least three years.)*

Name	Occupation/Association	Telephone	Email Address
1.			
2.			
3.			

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin or disability or any other protected class.

Agreement *(Please read the following statement carefully.)*

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Insperity any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Insperity, from liability for any damage that may result from furnishing same to Insperity.

If employed by Insperity and its client company, I agree to abide by the policies and procedures of Insperity and its client company, which include the Insperity Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Insperity, the client company or myself. I further understand that no manager or representative of Insperity or its client company other than the president of Insperity has any authority to enter into any agreement, oral or written, on behalf of Insperity for a term of employment or to make any assurance or promise of continued employment.

DRUG TESTING: I understand and agree that, subject to applicable law, I may be required to take a drug and alcohol screening test. I also understand that if I test positive for the presence of drugs or alcohol, I will be ineligible for employment with the company.

FOR ARIZONA APPLICANTS: To the extent required by applicable law, a smoke free workplace is maintained.

FOR CALIFORNIA APPLICANTS: I further understand that Insperity and/or its client company may obtain public records about me as part of an internal background investigation and that I may waive my right to receive a copy of such public records by checking this box:

FOR MASSACHUSETTS APPLICANTS: Under Massachusetts law, it is unlawful in Massachusetts to require or administer a lie detector test as condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties of civil liability.

FOR RHODE ISLAND APPLICANTS: The company is subject to chapter 29-38 of title 28 of the General Laws of Rhode Island and is therefore covered by the state's Workers' Compensation Law.

Sign And Date Form

Applicant's Signature	Date Signed (mm/dd/yyyy)
Print Full Name	Last 4 Digits of Social Security No.

FOR MARYLAND APPLICANTS ONLY: Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

Maryland Applicant's Signature	Date Signed (mm/dd/yyyy)
Print Full Name	Last 4 Digits of Social Security No.