## JOB APPLICATION

## e Benefits Financial/Insurance ConsutItant Ilc 3057 Nutley St Ste 106, Fairfax, Virginia 22031 410-669-3488

E Benefits Financial/Insurance Consutltant Llc is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information		
blicant Name:		
ty, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position Position(s) applying for: Financial Consultants/ Insurance Agents/ Marketing Developers		
How did you hear about this position?		
What days are you available for work?		
What hours or shift are you available for work?		
On what date can you start working if you are hired?		
Do you have reliable transportation to and from work?		
Salary desired:		
Personal Information		
Have you ever applied to or worked for e Benefits Financial/Insurance Consuttant IIc before?	Yes	No
If yes, when?		
Do you have any friends, relatives, or acquaintances working for e Benefits Financial/Insurance Consutltant Ilc If yes, state name & relationship:	Yes	No
Are you 18 years of age or older?	 Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?		
Will you consent to a mandatory controlled substance test?	— — Yes	No
Do you have any condition which would require job accommodations?		
If yes, please describe accommodations required below.	Yes	No
ii yes, piease describe accommodations required below.	_	
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	 Yes	No
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:		
	_	

Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying:					
may be necessary for eligible applic	e ConsutItant IIc complies with the AD ants/employees to perform essential t		accommodation measures that		
Education and Training					
High School					
Name	Location (City, State)	Year Graduated	Degree Earned		
College/University	Location (City State)	Vasa Canduntod	Dogge Found		
Name	Location (City, State)	Year Graduated	Degree Earned		
Vacational School/Specialized Tr	oining	<u>l</u>			
Vocational School/Specialized Tra	Location (City, State)	Year Graduated	Degree Earned		
- Ivaine	Loodiion (Gity, Gitate)	Tear Graduated			
What was your military rank when how many years did you serve in to what military skills do you possess that military skills do you posses		on?			
Employer Telephone:  Dates Employed:					
Reason for leaving:					
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:					
Employer Name:					
Job Title:					
Supervisor Name:					
Employer Address:					
City, State and Zip Code: Employer Telephone:					
Dates Employed:					
Reason for leaving:					

Reference	Contact Information	
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Additional Information:		
Do You Fluently speak any other languages		
What other Languages do you appel fluority		
What other Languages do you speak fluently		
Do You write and/or read other languages		
What other languages do you read with proficiency		
what other languages do you read with proficerby		

The relationship between you and the e Benefits Financial/Insurance Consutltant Ilc is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the e Benefits Financial/Insurance Consutltant Ilc. No representative of e Benefits Financial/Insurance Consutltant Ilc has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or

the Company's President.

Applicant Signature: