

# JOB APPLICATION

**e Benefits Financial/Insurance Consultant llc**  
3057 Nutley St Ste 106, Fairfax, Virginia 22031  
410-669-3488

E Benefits Financial/Insurance Consultant 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**

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, 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 Consultant llc before? Yes No  
If yes, when? \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for e Benefits Financial/Insurance Consultant llc? Yes No  
If yes, state name & relationship: \_\_\_\_\_

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? Yes No  
If yes, please 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: \_\_\_\_\_



**References**

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

**Additional Information:**

Do You Fluently speak any other languages

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What other Languages do you speak fluently

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Do You write and/or read other languages

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What other languages do you read with proficiency

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**AT-WILL EMPLOYMENT**

The relationship between you and the e Benefits Financial/Insurance Consultant llc 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 Consultant llc. No representative of e Benefits Financial/Insurance Consultant llc 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: \_\_\_\_\_

Dated: \_\_\_\_\_