



APPLICATION FOR EMPLOYMENT  
FOR USE IN SPECIFIC JURISDICTIONS  
(WITH CRIMINAL HISTORY)

Note: This application is not for use for positions in certain jurisdictions, including the District of Columbia, Philadelphia (PA), and New York City (NY).

|   |
|---|
| 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, 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 Number  |          |
| Current Mailing Address   |                |   | How long at current address?             |          |
| City  |                | County  | State                                    | ZIP Code |
| Daytime Telephone   | Home Telephone |   | 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.<br><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary   |                | If part-time, specify hours and days available. |  |          |
| 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 <b>Yes</b> , explain and provide a copy of such agreement. |                |   |  |          |

EDUCATION & TRAINING

|   | SCHOOL NAME                             | CITY AND STATE | DEGREE/DIPLOMA<br>MAJOR COURSE OF STUDY | DEGREE<br>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)<br>Used at Time of Graduation  |   |                |   |  |
| * Only list colleges or universities accredited by the Department of Education (DOE). The DOE maintains a database of accredited institutions at <a href="http://ope.ed.gov/accreditation">http://ope.ed.gov/accreditation</a> . It is your responsibility to verify accreditation. |   |                |   |  |
| List coursework undertaken or degree/diploma received from an unaccredited college, as well as any other education, training, special skills or certificates/licenses that you possess related to the job.  |   |                |   |  |
| 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  |



GENERAL INFORMATION

APPLICANT NAME \_\_\_\_\_

EDUCATION & TRAINING (CONTINUED)

|   |  |
|---|--|
| 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 position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid driver's license in this state. <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 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 |
| Within the past 7 years, have you been employed, or are you currently employed by Insperity/Administaff or an Insperity/Administaff Client? <input type="checkbox"/> Yes <input type="checkbox"/> No  | If <b>Yes</b> , give dates:<br>From: (month/year) To: (month/year)   |
| Do you have any relatives currently working at Insperity/Administaff? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do you have any relatives serving on the Board of Directors for Insperity/Administaff? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do you have any relatives currently working at the client company to which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If <b>Yes</b> to any of the above questions, please list the relatives: |  |

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

ADDITIONAL INFORMATION

APPLICANT NAME \_\_\_\_\_

CRIMINAL RECORD INFORMATION (Instructions for answering the next two questions below):

- A. **All Applicants.** Do not include convictions that were sealed, eradicated, dismissed, erased, annulled by a court, expunged, pardoned or deferred **AND** withdrawn.
- B. **California Applicants.** Do not include any convictions adjudicated by a juvenile court or any other record that occurred when under the jurisdiction of juvenile court law. In addition, do not include: a misdemeanor or other non-felony conviction for possession of marijuana if the conviction is more than two (2) years old; referral or participation in any pretrial or post trial diversion program for drug or alcohol rehabilitation; or a misdemeanor conviction for which probation was successfully completed or otherwise discharged **AND** the case was judicially dismissed.
- C. **Colorado Applicants.** Exclude information involving any record of civil or military disobedience unless such matters resulted in a plea of guilty or a conviction by a court of competent jurisdiction.
- D. **Connecticut, Hawaii, Illinois, Massachusetts, Minnesota, New Jersey, Oregon and Rhode Island Applicants.** Do not answer the following two questions.
- E. **Michigan Applicants.** Regarding pending charges, limit your response to felony offenses.
- F. **New York Applicants.** Exclude any adjudications as a youthful offender.
- G. **Utah Applicants.** Regarding convictions, limit your response to felony convictions. Do not respond to the second question (regarding pending charges).
- H. **Cities of Los Angeles (CA), San Francisco (CA), Baltimore (MD), Buffalo (NY), Columbia (MO), Rochester (NY), Seattle (WA) and Austin (TX) Applicants.** Applicants residing in these cities or applying for a position physically located in these cities do not answer the following two questions.
- I. **Counties of Montgomery County (MD) and Prince George's County (MD) Applicants.** Applicants residing in these counties or applying for a position physically located in these counties do not answer the following two questions.

|  |  |
|--|--|
| <b>1. Convictions/Pleas.</b> In the past seven (7) years, have you ever been convicted of, or pled guilty or no contest to, any felony offense other than any applicable exceptions listed above?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2. Pending Matters.</b> Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>CRIMINAL RECORDS:</b> If you answered Yes to either of the above two questions, please provide the date(s), what county and describe that criminal record so the individual circumstances can be considered. <i><b>Criminal convictions or pending matters will not automatically disqualify an applicant from employment. An individualized assessment will be conducted in accordance with local, state and federal law before any employment decision is made.</b></i> |  |
|  |  |

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, disability or any other protected class.

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ADDITIONAL INFORMATION

APPLICANT NAME \_\_\_\_\_

**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 a 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 THE 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. |