

Name

LAST

FIRST

MIDDLE  
INITIAL

Date

Position Desired



## Employment Application

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Two Delta Drive, Suite 301 • PO Box 1320 • Concord, NH 03302-1320

csONE Benefit Solutions is an equal opportunity employer. The Company (which as used herein includes its affiliates and subsidiaries) does not refuse to hire any person or otherwise discriminate against any individual because of such person's race, color, religion, national origin, sex, sexual orientation, gender identity, age, pregnancy, marital status, military or veteran status, physical/mental disability, and any other characteristics protected by applicable federal, state, and local laws/regulations. No question on this application is intended to secure information to be used for such discrimination. The Company will consider reasonable accommodations for any known physical, mental, or other impairments or otherwise qualified applicants to enable them to participate in our applicant screening process and to effectively perform the essential functions of their jobs, unless doing so would impose an undue hardship on the Company.

## Employment Application

Today's Date \_\_\_\_\_ Date Available \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employment Desired  Full-time  Part-time  Temporary

**Are you:**

Yes  No Over the age of 18? (If no, you may be required to provide work authorization)

Yes  No A previous employee of csONE Benefit Solutions or Northeast Delta Dental?  
When? \_\_\_\_\_ to \_\_\_\_\_

Yes  No Legally authorized to work in the United States?  
(If hired, verification of legal authorization to work will be required)

Yes  No A licensed driver? (Answer only if required of the position for which you are applying)

Yes  No Currently employed? If yes, why do you wish to make a change?

Have you ever been convicted of any crime/s that were not annulled in a court? (List all except minor traffic violations such as parking tickets)  Yes  No If yes, describe the nature of the crime and state citation, date, court and place where offense occurred (a positive response will not automatically disqualify an applicant):

### Education and Training

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE MAJOR	INDICATE LAST YEAR ATTENDED				GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST DEGREE(S)
			9	10	11	12		
High School								
College								

Please list any technical certificates and/or graduate degrees and programs: \_\_\_\_\_

### Additional Qualifications

What knowledge, special technical skills, computer skills, and/or individual capabilities do you have which will prepare you for the position for which you are applying?

**Military:** Branch of Service \_\_\_\_\_ Dates of Service from \_\_\_\_\_ to \_\_\_\_\_

List duties in the service, including schools and training: \_\_\_\_\_

## Work Experience

**Note:** Starting with most recent position, furnish all information requested. Please provide a complete employment history including explanations for each period of unemployment. A resume providing this information may be attached as a supplement, but **not** in lieu of completing the information requested.

Present/Last Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor (Name/Position) \_\_\_\_\_

Description of Job/Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor (Name/Position) \_\_\_\_\_

Description of Job/Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor (Name/Position) \_\_\_\_\_

Description of Job/Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Have you ever been discharged or asked to resign from any job?  Yes  No If yes, identify employer and explain:

\_\_\_\_\_

## Referral Source

**Please indicate source of referral:**

Advertisement — Name of Publication \_\_\_\_\_

Employee — Name of Employee \_\_\_\_\_

Employment Agency — Name of Employment Agency \_\_\_\_\_

Online — Name of Website \_\_\_\_\_

Other \_\_\_\_\_

## Application Agreement, Certification, and Release Form

### I understand and agree that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment or, if discovered once employed, the termination of my employment with csONE Benefit Solutions.

Any offer of employment I may receive from csONE Benefit Solutions is contingent upon my successful completion of the Company's pre-employment screening process, including, but not limited to, the Company's soliciting and receiving background information and references.

I agree to comply with the policies, rules, regulations, and procedures of the Company and understand that my employment and compensation can be terminated with or without cause, reason, or advance notice, at any time, at the option of either the Company or me. I further understand that no manager or representative of the Company, other than the President & CEO\* or Vice President, Human Resources\*, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

In processing my application for employment, the Company may verify all the information provided by me, or may procure, with my consent, information concerning my prior employment, military record, education, driving record, and criminal record, if necessary for the position for which I have applied.

I authorize and request that all of my present and former employers, including supervisors and managers, and any other individuals I have listed as personal references, furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them and csONE Benefit Solutions from any and all liability for damages arising from furnishing information. I further promise to hold said current and/or previous employer/s, its employees and officers harmless for any statements made herein.

### Please check:

Yes  No I authorize csONE Benefit Solutions to contact my present employer to obtain data necessary to support this application.

Yes  No I authorize csONE Benefit Solutions to contact any former employers to obtain data necessary to support this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

All qualified applicants receive consideration for employment without regard to such a person's race, color, religion, national origin, sex, sexual orientation, gender identity, age, pregnancy, marital status, military or veteran status, physical/mental disability, and any other characteristics protected by applicable federal, state, and local laws/regulations.

### Please print:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Please list any other name(s) by which you have been known in the past \_\_\_\_\_