



csONE Benefit Solutions Employment Application

Date _____ Date Available _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____

E-mail Address _____

Salary / hourly rate desired _____ 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?
If yes, when? from _____ to _____
- yes no Legally permitted to work in the United States?
- yes no A licensed driver? (Answer only if required of position for which you are applying)
- yes no Are you currently employed? If yes, why do you wish to make a change?

- yes no 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)
If yes, state citations, dates, courts, and places where offense/s occurred.

Additional Qualifications:

What knowledge, special technical or computer skills, and/or individual capabilities do you have which especially 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 _____

Education and Training

Type of School	Name and Location of School	Course Major	Circle Last Year Completed	Graduate ? (Check One)	List Degree (s)
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade / Technical			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 resumé providing this information may be attached as a supplement, but not in lieu of completing the information requested.

➤ Present/Last Employer _____ Type of Business _____
 Address _____ Telephone # _____
 Supervisor (Name/Position) _____ From _____ To _____
 Last Salary/Rate _____ Job Title _____
 Description of Job and Duties _____

 Reason for Leaving _____

➤ Present/Last Employer _____ Type of Business _____
 Address _____ Telephone # _____
 Supervisor (Name/Position) _____ From _____ To _____
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 Reason for Leaving _____

➤ Present/Last Employer _____ Type of Business _____
 Address _____ Telephone # _____
 Supervisor (Name/Position) _____ From _____ To _____
 Last Salary/Rate _____ Job Title _____
 Description of Job and Duties _____

 Reason for Leaving _____

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

Application Agreement and Certification

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, resumé, 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. 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 from any and all liability for damages arising from furnishing the requested information.

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 myself. I further understand that no manager or representative of the Company, other than the President or Vice President, of Finance and Administration, 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.

Signature _____ Date _____

All qualified applicants receive consideration for employment without regard to race, color, religion, gender, pregnancy, sexual orientation, age, national origin, disability, marital, veteran, or any other legally protected status.

Release Form – Employment References:

Date _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

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

I authorize my current and/or previous employers to furnish csONE Benefit Solutions the information requested in the reference check that csONE Benefit Solutions may conduct. I further promise to hold said current and/or previous employer/s, its employees and officers harmless for any statements made herein.

Signature _____

Please check:

- yes no I authorize csONE Benefit Solutions, Two Delta Drive, Suite 301, Concord, NH 03301-4945, to contact any **former** employer to obtain any data necessary to support this application.
- yes no I authorize csONE Benefit Solutions, Two Delta Drive, Suite 301, Concord, NH 03301-4945, to contact my **present** employer to obtain any data necessary to support this application.

Additional Information:

Place a check to indicate source of referral:

- Advertisement — Name of publication _____
- Employee — Name of employee _____
- Employment agency — Name of employment agency _____
- Internet — Name of Web site _____
- Other _____

In less than 100 words, please tell us why you would like to be employed by csONE Benefit Solutions:

In less than 100 words, please explain how your personal values align with those of csONE Benefit Solutions and Northeast Delta Dental:

➤ Name _____ Date _____
last first middle initial

Employment Application Supplement

csONE Benefit Solutions and its' Parent Companies, Northeast Delta Dental, are subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, csONE Benefit Solutions invites candidates for employment to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations.

All qualified applicants receive consideration for employment without regard to race, color, religion, gender, pregnancy, sexual orientation, age, national origin, disability, marital, veteran, or any other legally protected status.

Please provide the following information:

1. Gender **Male** **Female**

2. Please identify yourself in terms of the racial/ethnic groups listed below by checking the appropriate box:

- Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American origin, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)**
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)**
A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-continent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)**
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)**
All persons who identify with more than one of the above five races.

Last Name _____ First Name _____ Middle Initial _____

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Phone _____ Date _____

csONE Benefit Solutions is an Equal Employment Opportunity Employer