

Name _____ Date _____ Position Desired _____



Employment Application

MIDDLE
INITIAL

FIRST

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

LAST

csONE Benefit Solutions is an equal opportunity employer. csONE Benefit Solutions does not refuse to hire any person or otherwise discriminate against any individual because of such person's race, color, religion, gender, gender identity, age, national origin, citizenship, disability, marital status, sexual orientation, pregnancy or military status, or any other classification protected by applicable federal, state, and local laws and ordinances. No question on this application is intended to secure information to be used for such discrimination. csONE Benefit Solutions 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 csONE Benefit Solutions.

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?

Education and Training

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

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, please provide a complete employment history. If more space is needed, please use a separate page to document all positions. 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, gender, gender identity, age, national origin, citizenship, disability, marital status, sexual orientation, pregnancy or military status, or any other classification protected by applicable federal, state, and local laws and ordinances.

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 _____