

**LEGERE GROUP, LTD.**

80 Darling Drive  
P.O. Box 1527  
Avon, CT 06001-1527  
Telephone: 860-674-0392  
Facsimile: 860-674-0469  
E-Mail: mail@legeregroup.com  
www.legeregroup.com

**APPLICATION FOR EMPLOYMENT**

Legere Group, Ltd. ("The Company") is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Company considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

(Please answer all questions and print legibly)

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**PERSONAL INFORMATION**

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Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number(s): \_\_\_\_\_  
Home Work

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If your authorization to work in the United States is subject to expiration, when will it expire? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_

If employment is offered, can you produce documentation required by law to establish work authorization and identity? Yes \_\_\_\_\_ No \_\_\_\_\_

How were you referred to The Company? \_\_\_\_\_  
(if referred by an employee of The Company, please provide the employee's name):

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**EMPLOYMENT DESIRED**

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Position(s) applied for: \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Hourly Rate/Salary desired?: \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work on Saturday or Sunday if your job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if your job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied to The Company before, or worked for The Company before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dates of prior employment? \_\_\_\_\_

Do you have any friends or relatives working here? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name and relationship to you: \_\_\_\_\_

**\*\*\*\*\* FOR OFFICE STAFF POSITIONS ONLY: \*\*\*\*\***

What computer programs do you use on a regular basis? \_\_\_\_\_

Do you use a computer at your current place of employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a computer at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever done data entry? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know how to use e-mail? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know how to use the internet? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know how to open and save documents in Word? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you create a table in Word? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know how to open and save documents in Excel? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you create a spreadsheet and use formulas in Excel? Yes \_\_\_\_\_ No \_\_\_\_\_

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EDUCATION

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Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary & Middle School	N/A	1 2 3 4 5 6 7 8	N/A
High School	N/A	9 10 11 12	
College		1 2 3 4	
Graduate/ Professional/ Trade/Business			

Scholastic Average at each University \_\_\_\_\_

Academic Scholarships/Awards \_\_\_\_\_

Branch of Military or Service \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Characterization of Discharge \_\_\_\_\_

Period of Active Duty: From \_\_\_\_\_ To \_\_\_\_\_

Describe any specialized training, licenses and certifications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any license (including driver's license) or certification you have held been suspended or revoked for any reason? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

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Start with your present or last job. Include any self-employment, part-time jobs, job-related military service assignments and volunteer activities. If you need additional space, please continue on back of application.

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Salary: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments

\_\_\_\_\_

Supervisor (Name and Title)

\_\_\_\_\_

Reason for leaving

\_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Salary: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments

\_\_\_\_\_

Supervisor (Name and Title)

\_\_\_\_\_

Reason for leaving

\_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Salary: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments

\_\_\_\_\_

Supervisor (Name and Title)

\_\_\_\_\_

Reason for leaving

\_\_\_\_\_

Have you ever been dismissed, involuntarily terminated or forced to resign from employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**REFERENCES**  
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Give the names of three persons not related to you whom you have known at least one year.

	<u>NAME</u>	<u>ADDRESS</u>	<u>HOME PHONE</u>	<u>BUSINESS PHONE</u>
1.	_____			
2.	_____			
3.	_____			

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**NOTICE OF BACKGROUND CHECK AND  
FAIR CREDIT REPORTING ACT DISCLOSURE**

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As part of the interview process, Legere Group, Ltd. ("The Company") may conduct a background check. If you are hired, The Company may also conduct a background check in deciding whether to continue your employment and when making other employment-related decisions directly affecting you. As part of the background check, The Company may obtain a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. A consumer report includes information regarding such issues as your credit standing, criminal record, motor vehicle record, character and reputation. If The Company obtains a "consumer report" about you, and considers any information in the "consumer report" when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission in Washington, D.C., about your rights under the FCRA as a consumer with regard to "consumer reports" and the "consumer reporting agencies" that prepare these reports. Your signature below authorizes The Company to obtain consumer reports regarding you from consumer reporting agencies in connection with your application and during the course of your employment.

To perform the background check, please provide the following information:

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(The inclusion of your date of birth is voluntary,  
and only requested to aid in verifying records)

Print Name: \_\_\_\_\_

Print Former Name (if any): \_\_\_\_\_

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

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**AUTHORIZATION TO COLLECT BACKGROUND INFORMATION**

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I have applied for employment at Legere Group, Ltd. ("The Company"). I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize representatives of The Company to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my employment at The Company.

I authorize all previous employers, references or other persons having knowledge of my record or myself to release such information to The Company, and hereby release all persons from liability for any damage that may result from furnishing such information to The Company.

A photocopy of this authorization may be accepted in lieu of the original.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Former Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**CRIMINAL BACKGROUND**

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**NOTE:**

**THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT (OR THE PERSON(S) IN CHARGE OF EMPLOYMENT) AND ANYONE INVOLVED IN INTERVIEWING THE APPLICANT**

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to, a violation of any state, federal, county or municipal law? (Do not include minor traffic violations) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been "erased." The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon.

Any applicant whose criminal records were erased will be considered to have never been arrested and may so swear under oath.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_