



**Oasis Insurance/Oasis Infinity Plus Application**



A division of Goodman & Rolnick, Inc.

<b>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</b>				
<b>APPLICATION FOR EMPLOYMENT</b>				
<b>PLEASE COMPLETE PAGES 1-5.</b>		DATE _____		
Name _____				
Last	First	Middle	Maiden	
Present address _____				
Number	Street	City	State Zip	
How long _____		Social Security No. _____ - _____ - _____		
Telephone (____) _____				
If under 18, please list age _____				
Position applied for (1) _____ and salary desired (2) _____ (Be specific)		Days/hours available to work No Pref _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____		
How many hours can you work weekly? _____ Can you work nights? _____				
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When available for work? _____				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____				



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		MILITARY
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty _____ Date Entered _____ Discharge Date _____		
<b>Work Experience</b>	Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>	
Name of employer Address	Name of last supervisor	Employment dates
City, State, Zip Code Phone number		From To
	Pay or salary Start Final	
Your last job title		
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
Name of employer Address	Name of last supervisor	Employment dates
City, State, Zip Code Phone number		From To
	Pay or salary Start Final	
Your Last Job Title		
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

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Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From  To	Start  Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.


May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Oasis Insurance (Goodman and Rolnick, Inc.) (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Oasis Insurance, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Oasis Insurance may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Please Bring this application into any Oasis Insurance office or fax it to our corporate office.



Corporate Office: Mesa  
753 S. Alma School Rd #14  
Mesa, AZ 85210  
Phone:(480)-835-6080  
Fax:(480)-835-6081

[www.oasisinsurance.com](http://www.oasisinsurance.com)

11922 W Thunderbird Rd  
El Mirage, AZ 85335  
Phone:(623)-933-2221  
Fax:(623)-933-7430

7614 W Indian School Rd #D4  
Phoenix, AZ 85033  
Phone:(623)-848-4640  
Fax:(623)-848-4641

7227 S. Central Ave #1025  
Phoenix, AZ 85040  
Phone:(602)-323-9736  
Fax:(602)-323-9737

3202 E Greenway Rd #1615  
Phoenix, AZ 85032  
Phone:(602)-569-2323  
Fax:(602)-765-4563

1806 E Irvington  
Tucson, AZ 85713  
Phone:(520)-807-2860  
Fax:(520)-807-2864