



Associated School Boards of South Dakota

Application: Insurance Support Specialist

1. General

Name _____ Middle _____ Social Security (optional)
Last: _____ First: _____ Initial: _____ Number: _____ - _____ - _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail address: _____
Date Available _____ Veteran (Circle One) Yes No
For Employment: _____

2. Education

Name and Location of Colleges Attended:	Dates: From To	Degree Earned:	Graduation Date:	Major:	Minor:

List all relevant licenses, certificates or endorsements you possess. Identify any other educational experiences that may be relevant. _____

3. Work History

Job Title: _____ Dates: From ____/____/____ To ____/____/____ Final Salary \$_____/yr

Employer: _____ City/State _____

Supervisor's Name/Title _____ Phone _____

Job Title: _____ Dates: From ____/____/____ To ____/____/____ Final Salary \$_____/yr

Employer: _____ City/State _____

Supervisor's Name/Title _____ Phone _____

Job Title: _____ Dates: From ____/____/____ To ____/____/____ Final Salary \$_____/yr

Employer: _____ City/State _____

Supervisor's Name/Title _____ Phone _____

4. Questions

Your concise and candid response to the following questions will be very important. Please respond on a separate attachment.

- A. What are your most significant achievements in working with insurance or managing programs?
- B. What are your 3 best professional attributes for this position?
- C. Why are you interested in this position?

5. Professional References

1. Name: _____ Title: _____ Employer: _____

City/State: _____ Phone: _____ Relationship: _____

2. Name: _____ Title: _____ Employer: _____

City/State: _____ Phone: _____ Relationship: _____

3. Name: _____ Title: _____ Employer: _____

City/State: _____ Phone: _____ Relationship: _____

6. Background

Have you ever been convicted of or pled guilty to any felony? ____ Yes ____ No If yes, please provide date, incident, city and state: _____

Are you able to perform the associated functions required in the job description? See copies of job description provided.

____ Yes

____ Yes with accommodations: _____

____ No explain: _____

7. Authorization

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. I authorize ASBSD to verify any of this information. I authorize all current and former employers, my references or other persons contacted to disclose or release any information concerning my background and appraisal of performance or information about my qualifications for the position and release them from any liability for such disclosure.

I also understand that if I am employed, I may be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship between myself and ASBSD is terminable-at-will. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is not violation of applicable federal or state law.

I also agree that all previously unasserted claims, disputes or controversies arising out of or relating to this application for employment, employment, or cessation of employment with ASBSD will be settled exclusively by final and binding arbitration before a neutral arbitrator. By way of example only, such claims include all claims under federal, state or local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964 as amended, the Americans with Disabilities Act, the Family medical Leave Act, as well as the law of contracts and torts.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature _____ Date _____

Equal Opportunity Employer
Application Deadline: October 10, 2014