



Leading Insurance Services, Inc.
 US Manager for KB Insurance Co., Ltd.

Employment Application Form

Leading Insurance Services Inc. ("LIS") is an Equal Opportunity Employer. Equal access to programs, services and employment is available to all persons. Federal, state and local laws prohibit discrimination because of race, color, sex, or sexual orientation, age, religion, creed, natural origin, disability, marital status, status as a disabled veteran or Veteran of the Vietnam era, or any other characteristics protected by federal, state or local laws. Those applicants requiring reasonable accommodation to the application and /or interview process should notify a representative of the Human Resources Department.

Personal Data (Please complete all areas as indicated.) Providing non-job related information which is not requested will disqualify your application for employment consideration. Note: Where dates and other personal identifiers are requested the information is required and used for information verification processing only.

Name : Last	First	Middle	Social Security Number :
Street Address :			Daytime Phone Number :
City /State, Zip Code :			Nighttime Phone Number :
			E-Mail address :
Position Applying For :			Type of Position :
			Full Time__ Part Time__ Intern __

Date available to start work: _____

Can you work overtime? Yes _____ No _____

Desired salary range: _____

Driver's License number if you are applying position required:

_____ State: _____

If you are a minor (under age 18), do you have valid working papers? Yes _____ No _____

If No, please explain: _____

Were you previously employed by LIS? Yes _____ No _____

If yes, please provide details: _____

Company	Location	Direct Supervisor	Dates



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To your knowledge, are you related to anyone currently employed by LIS? Yes ___ No ___

If yes, please provide details:

Company	Location	LIS Employee
Company	Location	LIS Employee

Have you ever applied or interviewed with LIS before? Yes ___ No ___

If yes, state when and where: _____

Referral Source

Advertisement: _____ Employee Referral: _____ Search Firm: _____
 Career Fair: _____ Internet Posting: _____ Other: _____
 Temporary Agency: _____ School/University: _____

Education History (Please complete all areas as indicated. You may also attach a resume)

Name of School	City, State, Country	Year	Certificate, Diploma or Degree	Date	Course of Study /Major & Minor
College or University			Yes ___ No ___		
Other (specify)			Yes ___ No ___		
Other (specify)			Yes ___ No ___		

Employment History (Please complete all areas as indicated)

1. Current or Most Recent Employer

May we, or an authorized agent, contact your current employer/supervisor? Yes ___ No ___

Name of Business	Address of Business / Company Main Phone #		
Starting Date	Starting Base Salary	Starting Position	
Date Last Worked	Current/Most Recent Salary	Current / Most Recent Position	
Supervisor Name and Title	Supervisor Phone #	Reason for Leaving	
Description of Duties			



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2. Previous Employer

May we, or an authorized agent, contact your current employer/supervisor? Yes ___ No ___

Name of Business	Address of Business / Company Main Phone #	
Starting Date	Starting Base Salary	Starting Position
Date Last Worked	Current/Most Recent Salary	Current / Most Recent Position
Supervisor Name and Title	Supervisor Phone #	Reason for Leaving
Description of Duties		

3. Previous Employer

May we, or an authorized agent, contact your current employer/supervisor? Yes ___ No ___

Name of Business	Address of Business / Company Main Phone #	
Starting Date	Starting Base Salary	Starting Position
Date Last Worked	Current/Most Recent Salary	Current / Most Recent Position
Supervisor Name and Title	Supervisor Phone #	Reason for Leaving
Description of Duties		

4. Previous Employer

May we, or an authorized agent, contact your current employer/supervisor? Yes ___ No ___

Name of Business	Address of Business / Company Main Phone #	
Starting Date	Starting Base Salary	Starting Position
Date Last Worked	Current/Most Recent Salary	Current / Most Recent Position
Supervisor Name and Title	Supervisor Phone #	Reason for Leaving
Description of Duties		



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Additional Data (Please account for all breaks in employment history)

<u>From:</u>	<u>To:</u>	<u>Activity During Break in Employment</u>

Required: provide three professional references (I.E. Former Supervisor/Manager – references should not be current LIS employees):

Name	Phone Number : E-mail :	Relationship to Reference
Name	Phone Number : E-mail :	Relationship to Reference
Name	Phone Number : E-mail :	Relationship to Reference

Have you ever signed an agreement with a prior employer covering Confidential or Proprietary Information?

Yes _____ No _____

If yes, describe on a separate sheet of paper and attach to application.

Note: If you have signed a Confidential or Proprietary information agreement or agreement not to compete, employment offers will be contingent upon approval by LIS's legal department.

Background Examination Notice & Authorization/Fair Credit Reporting Act Authorization

In connection with LIS's consideration of me for employment, continued employment, promotion, or reassignment, I understand that LIS may obtain a consumer report and/or an investigative consumer report. LIS may also conduct its own investigative inquiries into my background that may include obtaining such things as criminal, driving, personal reference(s), and job reference(s) pertaining to me. These inquiries will be conducted to provide LIS with information regarding my character , general reputation, personal characteristics, mode of living, work records, salary history, and characteristics, skills and abilities, education and training, employment experience, past job performance, reasons for termination of previous employment and other pertinent information.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration from employment, or (ii) may result in my immediate discharge from employment or services whenever discovered.

I understand that for this purpose LIS or persons acting on its behalf will be requesting information from various federal, state, and local governmental agencies, previous employers and their employees, personal acquaintances of mine, and other appropriate sources of information that maintain records or possess knowledge about my education, employment, criminal, driving and other relevant activities, experiences and records, including, but not limited to, my character, general reputation, personal characteristics, and mode of living.

I authorize, without reservation, any person or entity contacted by LIS or anyone acting on its behalf, to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I also release LIS from any and all liability for conducting such an investigation. I authorize LIS to disclose my Social Security number in order to obtain necessary information. I understand that if I refuse to execute this authorization, LIS may refuse to grant employment based on this refusal. A copy of this executed authorization shall be valid as the original.



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Employment Relationship

I understand that this employment application and any other documents, including policies, handbooks, guidelines, practices, benefits or manuals, are not intended to create any contractual obligation which in any way conflicts with LIS's policy that the employment relationship between the Company and each employee is at-will and can be terminated, with or without cause, and with or without notice at any time, at the option of either the Company or the employee. I further understand that any oral or written statements to the contrary are expressly disavowed and should not and can not be relied upon. Exceptions to this policy may only be made with the prior written approval of the Senior Human Resources Executive.

LIS reserves the right to make changes to its policies, practices, guidelines, handbooks, manuals, benefits or employee complement when, in its sole judgment, it deems necessary or useful to do so.

Immigration Reform & Control Act

Are you legally allowed to work in the United States?

Yes (US Citizen ____ Permanent Resident ____ Work Permit/Visa ____) No ____

If No, please explain: _____

As a condition of employment with LIS, successful applicants must provide, within three days after beginning employment documentation to prove identity and proper authorization to work in the United States. Specific instructions will be given prior to your first day of employment regarding the documents required.

In the event the Company should wish to use my photograph in connection with publicity, sales promotion, or other Company purposes, I hereby give my permission for such use without any further consideration.

I understand that any information provided by me is that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employment or services whenever discovered.

I certify that I have read, fully understand and accept all terms of this application.

Applicant Name	Applicant Signature
Applicant Social Security #	Date



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Fair Credit Reporting Act / Disclosure

In connection with LIS's consideration of me for employment purposes*, I understand that LIS may obtain a consumer report and/or investigate consumer report. A consumer report is one that bears on an individual's credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. An investigative consumer report is one that bears on an individual's character, general reputation, personal characteristics or mode of living and is obtained through personal interviews with neighbors, friends, or associates, or others with whom you are acquainted or who may have information about these matters.

- “Employment purposes” as defined under the Federal FCRA when used in connection with a Consumer report or an Investigative Consumer report means a report used for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

Upon written request, LIS will inform you whether an investigative report was requested. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please direct requests to: Department of Human Resources, Leading Insurance Services Inc., 55 Challenger Road #302 Ridgefield Park, NJ 07660. Please sign below to signify receipt of the foregoing disclosure.

Print Name _____ SSN _____

Signature _____ Date _____

