

**EMPLOYMENT APPLICATION**

*Southwest Service Administrators, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.*

**General Information**

Legal Name (Last, First, Middle.)		Preferred First Name	Social Security Number	Date (00/00/00)
Street Address			Telephone - -	
City, State, Zip			Alternate Telephone - -	
Position or type of work desired?		How were you referred to us?		Alternate Telephone - -
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____			Minimum Pay Expected Per	
Are you legally eligible to work in the United States? _____ (Proof of eligibility will be required upon offer of employment)			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work status are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Days and Hours of Employment? _____			If hired, when would you be available to begin work?	
Have you been discharged or suspended by any employer in the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____				
Do you have any other supplemental employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____				
Page 1 of 4				
♦ Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
♦ Have you ever been convicted of a misdemeanor involving theft, dishonesty or violence? <input type="checkbox"/> Yes <input type="checkbox"/> No				

As a professional administrator of employee benefit plans, Southwest Service Administrators, Inc. must comply with the Employee Retirement Income Security Act of 1974 or ERISA. Specifically, Section 411 (a) of ERISA prohibits employee benefit plans from employing a certain class of persons. The class of persons we cannot employ are those persons who were convicted within the last five years, or whose imprisonment has ended within the last five years, whichever period is less, of committing or conspiring to commit the following crimes: 1. Robbery 2. Bribery 3. Extortion 4. Embezzlement 5. Fraud 6. Grand Larceny 7. Burglary 8. Arson 9. A felony on violation of Federal or State Law involving controlled substances as defined in the Comprehensive Drug Abuse Prevention and Control Act of 1970 10. Murder 11. Rape 12. Kidnapping 13. Perjury 14. Assault with the intent to kill 15. Any crime described in Section 9(a) (1) of the Investment Company Act of 1940 16. A violation of any of the provisions of ERISA 17. A violation of Section 302 of the Labor Management Relations Act of 1947 18. A violation of the Labor Management Reporting and Disclosure Act of 1979 19. A violation of Chapter 63 of Title 18, United States Code, including Section 874, 1027, 1503, 1505, 1506, 1510 or 1954 of Title 18, United States Code 20. Any crime in which one of these crimes is an element.

Because of the importance of complying with ERISA to Southwest Service Administrators, Inc. we require all present employees to report convictions of the above crimes to the management of Southwest Service Administrators, Inc. The conviction of any of these crimes is basis for immediate termination as mandated by Federal Law.

## EDUCATION AND SKILLS

School	Name and Location of School	Course of Study	No. of Years Completed	Degree Or Diploma
<i>Graduate</i>				
<i>College</i>				
<i>Business/Trade/ Technical</i>				
<i>High School</i>				

*Please list any academic honors, scholarships, licenses, specialized training, apprenticeships, etc. (Do not list any which reflect your religion, gender, national origin, age, disabilities or veteran status.)*

*Please list any special skills. (i.e. typing words per minute, 10 key, medical terminology, mail equipment, phone equipment, etc.)*

*Please list all computer programs you have used and your skill level.*

	<input type="checkbox"/> <i>Beginner</i>	<input type="checkbox"/> <i>Intermediate</i>	<input type="checkbox"/> <i>Advanced</i>
	<input type="checkbox"/> <i>Beginner</i>	<input type="checkbox"/> <i>Intermediate</i>	<input type="checkbox"/> <i>Advanced</i>
	<input type="checkbox"/> <i>Beginner</i>	<input type="checkbox"/> <i>Intermediate</i>	<input type="checkbox"/> <i>Advanced</i>
	<input type="checkbox"/> <i>Beginner</i>	<input type="checkbox"/> <i>Intermediate</i>	<input type="checkbox"/> <i>Advanced</i>
	<input type="checkbox"/> <i>Beginner</i>	<input type="checkbox"/> <i>Intermediate</i>	<input type="checkbox"/> <i>Advanced</i>
	<input type="checkbox"/> <i>Beginner</i>	<input type="checkbox"/> <i>Intermediate</i>	<input type="checkbox"/> <i>Advanced</i>

### *Language Proficiency (other than English)*

Language _____	<input type="checkbox"/> <i>Speak</i>	<input type="checkbox"/> <i>Read</i>	<input type="checkbox"/> <i>Write</i>
Language _____	<input type="checkbox"/> <i>Speak</i>	<input type="checkbox"/> <i>Read</i>	<input type="checkbox"/> <i>Write</i>



## APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Southwest Service Administrators, Inc. that such employment with Southwest Service Administrators, Inc. is at will, for no specified duration and may be terminated by either Southwest Service Administrators, Inc. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Southwest Service Administrators, Inc. or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Southwest Service Administrators, Inc. except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Southwest Service Administrators, Inc.

Southwest Service Administrators, Inc. is a drug-free workplace. As a condition of my employment and continued employment, I may be required to submit to any testing for the presence of drugs or alcohol, as permitted by law.

In consideration for employment with Southwest Service Administrators, Inc., if employed, I agree to conform to the rules, regulations, policies and procedures of Southwest Service Administrators, Inc. at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Southwest Service Administrators, Inc. business, attendance and punctuality are considered essential requirements of every job at Southwest Service Administrators, Inc. and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Southwest Service Administrators, Inc., I may be required to submit to a background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Southwest Service Administrators, Inc. and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

---

Signature

Date

Name and phone number of person completing this form if other than applicant:

---