



# THE INSURANCE CENTER

## Employment Application

Position Applied for

Application Date

### Personal Information

Name:

Last

First

MI

Address:

Street

City

State

Zip

Home phone#:

Alternate#:

Social Security Number:

Are you available to work: Full time Part-time

If you are under 18 years of age, can you provide required proof of work eligibility?  Yes  No

Have you ever **worked** or submitted an application with this agency before?  Yes  No If yes, when

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you eligible to work in the United States? (Proof of eligibility will be required upon  Yes  No employment)

Have you ever been convicted of a crime, excluding misdemeanors? (If yes, attach explanation.)  Yes  No

Do you have a reliable means of transportation? Yes  No

Have you ever been discharged from any employment or been asked to resign?  Yes  No  
(If yes, attach explanation.)

Are you bound by any agreement(s) (including signing a non-competition, non-disclosure, or non-piracy agreement) that would limit your ability to work for the agency? (If yes, attach copy to this application.)  Yes  No

**Employment (Start with most recent employment and work backwards)**

<b>Employer</b>	<b>Telephone Number</b>
<b>Full Address (Street, City, State &amp; Zip)</b>	
<b>Supervisor's Name &amp; Title</b>	
<b>Employment Start Date</b>	<b>Employment End Date</b>
<b>Ending Compensation</b>	<b>Reason for Leaving</b>
<b>Describe work performed</b>	

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<b>Ending Compensation</b>	<b>Reason for Leaving</b>
<b>Describe work performed</b>	

**Education**

Name of School	Address of School	Grade Completed or Degree(s)	Subjects Studied

**Licenses**

P&C License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
L&H License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License#
Brokers License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Series 6 or 7 License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Other Licenses	Describe:	State & License#

**Designations (Check all that apply)**

CIC  CPCU  CLU  ChFC  CRM  CISR  Other.....

**Software (Check all that apply)**

Software	Skill Level	Version
Microsoft Word	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Microsoft Excel	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Microsoft PowerPoint	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Microsoft Outlook	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
APPLIED	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
AMS	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Other:_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Other:_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Other:_____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____

**References (Please include at least two business and one personal references.)**

<b>Name</b>	
<b>Company Name</b>	
<b>Full Address</b>	
<b>Phone#</b>	
<b>Occupation</b>	
<b>Relationship</b>	

<b>Name</b>	
<b>Company Name</b>	
<b>Full Address</b>	
<b>Phone#</b>	
<b>Occupation</b>	
<b>Relationship</b>	

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<b>Company Name</b>	
<b>Full Address</b>	
<b>Phone#</b>	
<b>Occupation</b>	
<b>Relationship</b>	

**Additional Experience or Qualifications**

List any other experience, skills or qualifications that you believe should be considered in evaluating your qualifications for employment.

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Notification and Agreement (please read before signing)

It is The Insurance Center's policy to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, or sexual orientation, individuals with disability or any other characteristic protected by applicable Federal, State, or Local Law.

I authorize the investigation of all statements and information contained in this application. I release from liability anyone supplying such information and I also release The Insurance Center from all liability that might result from making an investigation.

If employed, I agree to not engage in any outside activity that would involve a material conflict of interest with or could reflect adversely on the Insurance Center. I understand that The Insurance Center retains the right to solely decide when such conflict exists.

If employed, I agree to hold in strictest confidence any information regarding The Insurance Center, its insureds and its carriers that may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment practices of The Insurance Center and understand that my employment and compensation can be terminated with or without notice at any time at the option of either The Insurance Center or myself. I understand that no representative of The Insurance Center other than the President has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that completion of this employment application does not guarantee that I have been employed by The Insurance Center.

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Signed

Date