



Gastonia ♦ Belmont ♦ Lincolnton ♦ Lake Wylie

EMPLOYMENT APPLICATION
(Please Print Clearly)

Name: _____ Date: _____

Permanent Address: _____

E-Mail Address: _____

Phone No. _____ Cell Phone No. (Optional): _____

JOB INTEREST

Position Applied for _____

Do you have previous insurance experience? Yes No If yes, describe _____

Do you have previous experience working in an Independent Agent environment? Yes No

Do you have a Property and Casualty and/or a Life Health license? Yes No If yes, list: _____

Do you have experience working on the Applied Management Systems (TAM or EPIC)? Yes No

Indicate Availability to Work: Full Time Part Time Days Evenings

Available to Start _____ Referral Source _____

Have you ever been employed by us before? Yes No

Are you legally permitted to work in this country? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

A positive response is not an automatic bar to employment with the company. The offense for which the person was convicted in relation to the position to which they have applied will be considered.

EDUCATION

Type	Name and Location	Courses Taken	Graduated		
			Yes	No	Enrolled
High School					
College					
University					
Business, Trade, Technical					
Other					

Employment History
(List previous employers beginning with most recent)

Company Name _____ Business Type _____
 Address _____
 Supervisor _____ Supervisor Title _____
 Position _____ Full Time Part Time Temporary
 Employment Dates (mm/yy): From _ / _ / _ To _ / _ / _ Ending Salary: _____
 Reason for Leaving: _____ May we contact? Yes No

Company Name _____ Business Type _____
 Address _____
 Supervisor _____ Supervisor Title _____
 Position _____ Full Time Part Time Temporary
 Employment Dates (mm/yy): From _ / _ / _ To _ / _ / _ Ending Salary: _____
 Reason for Leaving: _____ May we contact? Yes No

Company Name _____ Business Type _____
 Address _____
 Supervisor _____ Supervisor Title _____
 Position _____ Full Time Part Time Temporary
 Employment Dates (mm/yy): From _ / _ / _ To _ / _ / _ Ending Salary: _____
 Reason for Leaving: _____ May we contact? Yes No

Company Name _____ Business Type _____
 Address _____
 Supervisor _____ Supervisor Title _____
 Position _____ Full Time Part Time Temporary
 Employment Dates (mm/yy): From _ / _ / _ To _ / _ / _ Ending Salary: _____
 Reason for Leaving: _____ May we contact? Yes No

PROFESSIONAL REFERENCES
(Please list three professional references below)

Name	Company and Title	Business Telephone	Home Telephone

In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, or current employer, past employees and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I will, upon request, sign any necessary consent forms.

I declare that the facts set forth in my application are true and complete. I understand that if I am employed, false information stated in this application shall be sufficient cause for dismissal.

Applicant Signature _____ Date _____