



Date: _____

PLEASE PRINT

Name _____ Phone# _____

Last First Middle

Address _____ How long at this add? _____

City _____ State _____ Zip _____

Social Security# _____ Drivers License # _____ State _____

Type of work most wanted:

_____ First preference

_____ Second preference

Approximate salary expected _____ Date available to start _____

List names of our employees (past or present) who you know _____

How did you learn about this opening? _____

What do you know about our company? _____

What are your career goals? _____

Are you agreeable to working overtime, if needed? ___Yes ___ No

Have you ever been discharged from any position? ___Yes ___ No

(If the answer is yes, list details under additional information on last page)

Have you ever been convicted of a crime (Felony or Misdemeanor) or forfeited bond or are you under charges for any crime? ___Yes ___ No

You may omit any traffic violations which were not alcohol related, or any offense where youthful offender status was granted.

(If the answer is yes, list the details under additional information on last page)

Are you currently under a doctor's care? ___Yes ___ No Do you have any mental or physical disabilities? ___Yes ___ No

Have you had any serious illness in the past five years? ___ Yes ___ No

Days lost from work or school last year due to illness: _____

(If answer is yes to any of the above, list details under additional information on last page)

SCHOOL NAME & LOCATION DATES ATTENDED YEARS COMPLETED DIPLOMA

High School: _____

College: _____

Graduate School: _____

Other: _____

For what lines of insurance are you licensed? _____

What professional designations do you hold? ___ CPCU ___ CLU ___ CPIW ___ CPS
_____ Other

What other insurance courses have you contemplated taking or are now taking? _____

Other special training or education _____

Computer skills, please describe in detail _____

Clerical applicant only: _____ Typing WPM _____ Shorthand WPM

PERSONAL REFERENCES – Name, address, phone number and occupation

1. _____

2. _____

3. _____

Present employer: _____
Kind of business: _____
Start date: _____ Leave Date: _____ Job Title: _____
Starting salary: _____ Present salary: _____
Job description: _____

Reason for leaving: _____
Supervisor's name: _____ May we contact? _____

Past employer: _____
Kind of business: _____
Start date: _____ Leave date: _____ Job title: _____
Starting salary: _____ Ending salary: _____
Job description: _____

Reason for leaving: _____
Supervisor's name: _____ May we contact? _____

Past employer: _____
Kind of business: _____
Start date: _____ Leave date: _____ Job title: _____
Starting salary: _____ Ending salary: _____
Job description: _____

Reason for leaving: _____
Supervisor's name: _____ May we contact? _____

ADDITIONAL INFORMATION: _____

Public Law 91-608 requires that we advise you that an investigative consumer report may be made during our initial or subsequent processing of your employment application which will provide applicable information concerning your character, general reputation, personal characteristics and mode of living. Further information as to the nature and scope of such a report, if one is made, is available upon written request to our office.

I certify that the answers given by me to all of these questions on this application and any attachments are to the best of my knowledge and belief true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of facts in the application may result in refusal of or separation from employment upon discovery thereof.

I hereby authorize The Misner Agency Inc. to make any investigation of my background deemed necessary. I further authorize all persons, schools, corporations, personal references listed on this application, credit bureaus and law enforcement agencies to supply all information concerning my background and to furnish reports therein. I hereby release them and The Misner Agency Inc. from any and all liability and responsibility arising from their doing so.

It is understood that employment is contingent upon passing a medical examination and that if employed, the first ninety days of employment will be on a probationary basis.

It is also understood that The Misner Agency Inc. is a non-smoking office.

Applicant's Signature _____
Date _____

ANY INFORMATION OBTAINED SHALL REMAIN IN STRICT CONFIDENCE