

Application for Employment

IPS 0998

We consider applicants for all positions without regard to race, creed, color, gender, age, national origin, religion, disability, military status or other characteristics prohibited by state or federal law.

(Please Print Clearly)

Position Being Applied For: _____	Date of Application: _____		
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Agency Employee
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name (or Initial)	
Street Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

What is the earliest date you are available to work? _____

Are you available to work: Full Time Part Time Temporary

What are your salary / compensation requirements? \$_____

Are you currently employed? Yes No

May we contact your current employer? Yes No

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

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Have you ever been convicted of a crime? Yes No
(A conviction will not necessarily disqualify an applicant for employment.)

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Do you hold a valid Michigan driver license? Yes No
If no, please explain _____

(If this Application for Employment is for a position that involves any driving for the business, you will be asked to provide your driver license number and date of birth to verify an acceptable driving record.)

Education

	Name and address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Do you hold or are you working toward any educational designations in insurance? Yes No

AAI ARM CIC CISR CLU CPCU LUTC RHU

Other: _____

Describe any specialized training, skills or extra-curricular insurance activities.

Licensing

Indicate all Michigan insurance licenses held.

(License certification and history will be ordered from the Michigan Insurance Bureau.)

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Insurance Counselor |
| <input type="checkbox"/> Property & Casualty | <input type="checkbox"/> NASD Series 6 & 63 |
| <input type="checkbox"/> Life | <input type="checkbox"/> Variable Products |
| <input type="checkbox"/> Accident & Health | <input type="checkbox"/> Other _____ |

If licensed, are your Continuing Education Credits up to date? Yes No

Have you ever had an insurance license suspended or revoked? Yes No

If yes, please explain _____

Employment Experience

List all employment for the past ten years starting with your present or most recent job. Include any job-related military service assignments and volunteer activities. Explain any gaps in employment.

Employer	From	To	Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor's Name	Starting Wage	
Reason for Leaving			

Employer	From	To	Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor's Name	Starting Wage	
Reason for Leaving			

Employer	From	To	Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor's Name	Starting Wage	
Reason for Leaving			

Employer	From	To	Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor's Name	Starting Wage	
Reason for Leaving			

Please use a separate sheet of paper if additional space is needed.

Additional Information

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.
State any additional information you feel may be helpful to us in considering your application.

Personal References

1. Name	Telephone
Address	
2. Name	Telephone
Address	
3. Name	Telephone
Address	

Applicant's Statement

I certify that answers given herein are true and correct to the best of my knowledge.

I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date