



PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE #:

EMAIL ADDRESS:

DOB:

SSN#

Desired Salary:

Are you a citizen of the
U.S.?

Yes

No

If no, are you authorized
to work in the U.S.?

Yes

No

Have you ever worked
for this Company

Yes

No

If yes, when?

Have you ever been
Convicted of a Felony

Yes

No

If yes, explain:



EDUCATION

List your previous schools, beginning with the most recent.

NAME OF SCHOOL:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

FIRST ATTENDED:

LAST ATTENDED:

GRADUATED:

G.P.A.:

NAME OF SCHOOL:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

FIRST ATTENDED:

LAST ATTENDED:

GRADUATED:

G.P.A.:

References

Full Name:

Relationship:

Company:

Phone:

Address:

Full Name:

Relationship:

Company:

Phone:

Address:

Previous Employment

Company:

Phone:

Address:

Supervisor
:

Job Title:

Starting
Salary:

Ending
Salary:

Responsibilities:

From:

To:

Reason for Leaving

May we contact this
employer?

Yes

No

Company:

Phone:

Address:

Supervisor
:

Job Title:

Starting
Salary:

Ending
Salary:

Responsibilities:

From:

To:

Reason for Leaving

May we contact this
employer?

Yes

No

Company:

Phone:

Address:

Supervisor
:

Job Title:

Starting
Salary:

Ending
Salary:

Responsibilities:

From:

To:

Reason for Leaving

May we contact this
employer?

Yes

No

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable,
explain:

Background

Have you been
convicted of a
Misdemeanor in the last
5 years?

Yes

No

If yes, when and
explain:

Have you been
convicted of a felony?

Yes

No

If yes, when and
explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

Current Licenses

Please List the states that you are currently licensed in:

I plan on obtaining my license in the following states:

I am licensed for:	Health	Life
	Medicare Certified	P&C

Background Information:

Please provide an explanation for any Yes answers:

Have you ever filed for a personal or business bankruptcy or reorganization?

Yes No

Explain:

Have you ever had a civil judgment entered against you?

Yes No

Explain:

Do you have any outstanding debt or balance with any insurance carriers?

Yes No

Explain:

Have you ever had a bond declined or cancelled?

Yes No

Explain:

Has an Insurance Carrier ever cancelled a contract with you for cause?

Yes No

Explain:

Have you ever had a professional license cancelled or suspended?

Yes No

Explain:

Have you ever withdrawn an application or surrendered a license to avoid disciplinary action?

Yes No

Explain:

Have you ever been named as a party to a lawsuit?

Yes No

Explain:

Have you ever refused an insurance license?

Yes No

Explain:

Have you ever had a complaint filed against you?

Yes No

Explain:

Have you ever been fined by a regulatory entity?

Yes No

Explain:

Do you have felony charges pending or have you ever been convicted of or plead guilty to a felony charge or a charge involving moral turpitude?

Yes No

Explain:

Is your primary source of income from Life and Health Insurance Sales?

Yes No

Explain:

Do you have any outstanding liens or judgements?

Yes No

Explain:

How many years have you been in the insurance industry?: