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# Wraith, Scarlett & Randolph, Insurance Services, Inc. Employment Application

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An Equal Opportunity Employer

## Please Print

_____	_____	_____	_____
Date	Last Name	First Name	Middle
Present Address			
_____		_____	_____ - _____
No. & Street		City	State Zip
Permanent Address (if different from present address)			
_____		_____	_____ - _____
No. & Street		City	State Zip
(____) _____ - _____	(____) _____ - _____	_____	_____
Business Phone	Home Phone	Home Email address	Driver License #- *
			*Complete if job desired requires driving.

## Employment Desired

Position applying for: \_\_\_\_\_

Date you will be available to start work: \_\_\_\_\_  
Date

Type of employment desired:  Full time  Part-time  Temporary

## Personal Information

- Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No
- If you are under 18, can you furnish a work permit if it is required? .....  Yes  No
- If hired, are you able to meet the attendance requirements? .....  Yes  No
- If hired, do you have an objection to working overtime if necessary? .....  Yes  No
- If hired, could you travel if required by your position? .....  Yes  No
- Have you been previously employed by our organization? .....  Yes  No
- Can you submit proof of legal employment authorization and identity? .....  Yes  No
- Have you ever been convicted of a crime in the last 7 years? .....  Yes  No

If yes, please explain (a conviction will not automatically bar employment):

\_\_\_\_\_

\_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Misc. Training</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Licenses, Certifications, Designations CE Credits:** \_\_\_\_\_

**Computer software knowledge** (not necessarily required for the position for which you are applying)

Indicate below level of skill:      1=Advanced    2=Intermediate    3=Beginner    4=No Knowledge

Applied TAM (The Agency Manager)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
MS Word	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
MS Excel	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
MS Outlook (email)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
Time & Chaos	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
MS Access	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
MS PowerPoint	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
Ins. Industry Specific Software (List Name/s):	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
Other Software: (List Name/s):	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

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Name of Employer \_\_\_\_\_ Telephone No. ( ) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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Name of Employer \_\_\_\_\_ Telephone No. ( ) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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Name of Employer \_\_\_\_\_ Telephone No. ( ) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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Note: Attach additional page(s) if necessary.

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

<hr/> First Name	<hr/> Last Name	<hr/> ( ) - Telephone No.
<hr/> Address & Street	<hr/> City	<hr/> State Zip -
<hr/> Occupation	<hr/> No. of Years Acquainted	

<hr/> First Name	<hr/> Last Name	<hr/> ( ) - Telephone No.
<hr/> Address & Street	<hr/> City	<hr/> State Zip -
<hr/> Occupation	<hr/> No. of Years Acquainted	

<hr/> First Name	<hr/> Last Name	<hr/> ( ) - Telephone No.
<hr/> Address & Street	<hr/> City	<hr/> State Zip -
<hr/> Occupation	<hr/> No. of Years Acquainted	

**Please Read Carefully, Initial Each Paragraph and sign below**

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

\_\_\_\_\_  
Initials I hereby authorize Wraith, Scarlett & Randolph, Insurance Services, Inc. to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using information to make employment decisions and all other person or organization for providing such information.

\_\_\_\_\_  
Initials If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there are no violations of applicable federal or state law.

\_\_\_\_\_  
Initials I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA

\_\_\_\_\_  
Initials I also understand that if I am employed, I will be required to provide satisfactory proof of identity and, legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

\_\_\_\_\_  
Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company. I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

\_\_\_\_\_  
Initials I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature