



Employee Application

Thank you for your interest in our agency, **Clarence Miller Insurance Services Inc.** We are proud to be an equal opportunity employer. Our selection decisions are made based upon job duty requirements and individual qualifications. We do not discriminate against any applicant based on race, sex, age, religion, disability, national origin, sexual orientation, marital status, or any other basis prohibited by federal, state or local law.

Applicant Information

Full Name: _____
First *Last*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

- When are you available to start?
- Are you looking for part-time or full-time work? (Circle one)
Part-time Full-time
- What days are you available for work? (Circle all that apply)
Monday Tuesday Wednesday Thursday Friday
- Rate your proficiency with the following programs (circle one per program):
 1 Not familiar (Never used), 2 Familiar (Used before), 3 Very Familiar (Uses daily)
 - MS Word – 1 / 2 / 3
 - MS Outlook – 1 / 2 / 3
 - MS Excel – 1 / 2 / 3
 - QuickBooks – 1 / 2 / 3
 - MS Access – 1 / 2 / 3
- Circle the tasks that you feel you could accomplish if hired (Circle all that apply)
 - Insurance Sales
 - Insurance Policy Reviews
 - Customer Service
 - Rate Increase Conversations
 - Telephone Conversations
 - Updating Electronic Records / Notes
 - Face to Face Conversations
 - Bookkeeping (Billing / Payroll)
 - Data Entry (MS Office)
 - Electronic Document Filing / Retention

Job History

Company: _____ Location: _____

Position / Title: _____

State Date: _____ End Date: _____

Duties: _____

Company: _____ Location: _____

Position / Title: _____

State Date: _____ End Date: _____

Duties: _____

Company: _____ Location: _____

Position / Title: _____

State Date: _____ End Date: _____

Duties: _____

Current Licensing

Official License Name	Active or Inactive	Date Completed

If not currently licensed, are you willing to work towards becoming licensed? Yes / No

Professional References

Name	Relationship	Years Known	Phone #	Email

Education

School / Location of School	Course of Study (Major)	Qualification / Degree	Years Completed	Degree / License earned?
				Yes No
				Yes No
				Yes No

Have you ever been convicted of a felony? (circle one)

No

Yes – Explain: _____

Why do you want to work here?

Employment offers may be conditioned upon the successful completion of a background check.

Generally, employees of the Agency are employees at will. This means that employees are free to terminate their employment at any time and for any reason and likewise, the Agency may terminate an employee's employment at any time and for any lawful reason with or without notice or cause. Only the Agency Principal has the authority to change or alter an employee's at will status and such change or alteration must be in writing.

Return this application via: Email to: paul@clarencemillerins.com
Mail to: Attn: Paul Tomshack, 1419 Lincoln Ave, Charleston, IL 61920
In person delivery in a sealed envelope to Clarence Miller Insurance

By signing below, I authorize the Agency to contact any of my references listed above for purposes of inquiring about my qualifications for the job. In addition, I certify that all information I have provided in this application is accurate, to the best of my knowledge. I understand that failure to provide accurate information may result in the denial of my application or in my discipline after hire, up to and including the termination of my employment.

Signature

Printed Name

Date