

RAMEY INSURANCE AGENCY, INC.

Serving Southern Illinois Since 2002

110 N. Logan St. • West Frankfort, IL 62896

APPLICATION FOR EMPLOYMENT

Ramey Insurance Agency, Inc. is an equal opportunity employer. We consider all qualified applicants for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, ancestry, age, disability, military status, or any other characteristic protected by federal, state, or local law.

Please complete every section of this application. Type directly into the fields, save the file, and submit it to the agency at the address above. Incomplete applications may not be considered.

1. APPLICANT INFORMATION

Please print or type

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF APPLICATION	
STREET ADDRESS			CITY		STATE	ZIP
PRIMARY PHONE		ALTERNATE PHONE		EMAIL ADDRESS		
POSITION APPLIED FOR			DATE AVAILABLE TO START		DESIRED PAY	
Are you 18 years of age or older?				☐ Yes ☐ No		
Are you legally authorized to work in the United States?				☐ Yes ☐ No		
Will you now or in the future require employer sponsorship of a work visa?				☐ Yes ☐ No		
If the position requires driving, do you hold a valid driver's license?				☐ Yes ☐ No		
Have you previously applied to or worked for Ramey Insurance Agency?				☐ Yes ☐ No		
EMPLOYMENT DESIRED				☐ Full-time ☐ Part-time ☐ Either		
IF PREVIOUSLY APPLIED OR EMPLOYED, WHEN?						
HOW DID YOU HEAR ABOUT THIS POSITION?						

2. INSURANCE LICENSING & PROFESSIONAL QUALIFICATIONS

Do you currently hold an Illinois insurance producer license?		IL LICENSE NUMBER	NPN
☐ Yes ☐ No			
LINES OF AUTHORITY CURRENTLY HELD (CHECK ALL THAT APPLY)			
☐ Property ☐ Casualty ☐ Life ☐ Accident & Health ☐ Personal Lines ☐ Other:			
OTHER STATES IN WHICH YOU ARE LICENSED		PROFESSIONAL DESIGNATIONS (CIC, CISR, CPCU, AAI, ETC.)	
Has any insurance license you held ever been denied, suspended, or revoked?		IF YES, PLEASE EXPLAIN	
☐ Yes ☐ No			
If not currently licensed, are you willing to obtain an Illinois producer license as a condition of employment?			
☐ Yes ☐ No			
Number of years of insurance experience:			

3. EDUCATION

SCHOOL NAME	CITY / STATE	DEGREE / DIPLOMA	FIELD OF STUDY	GRADUATED?
HIGH SCHOOL				☐ Yes ☐ No
COLLEGE / UNIVERSITY				☐ Yes ☐ No
TRADE, TECHNICAL, OR OTHER				☐ Yes ☐ No

4. SKILLS & QUALIFICATIONS

DESCRIBE RELEVANT SKILLS, SOFTWARE (AGENCY MANAGEMENT SYSTEMS, CARRIER PORTALS, MICROSOFT OFFICE, ETC.), AND OTHER QUALIFICATIONS

5. EMPLOYMENT HISTORY*List most recent employer first. Do not include salary history.*

EMPLOYER 1	PHONE	JOB TITLE		
EMPLOYER ADDRESS (CITY / STATE)		SUPERVISOR NAME & TITLE	FROM (MM/YYYY)	TO (MM/YYYY)
DUTIES & RESPONSIBILITIES		REASON FOR LEAVING	MAY WE CONTACT? ☐ Yes ☐ No	

EMPLOYER 2	PHONE	JOB TITLE		
EMPLOYER ADDRESS (CITY / STATE)		SUPERVISOR NAME & TITLE	FROM (MM/YYYY)	TO (MM/YYYY)
DUTIES & RESPONSIBILITIES		REASON FOR LEAVING	MAY WE CONTACT? ☐ Yes ☐ No	

EMPLOYER 3	PHONE	JOB TITLE		
EMPLOYER ADDRESS (CITY / STATE)		SUPERVISOR NAME & TITLE	FROM (MM/YYYY)	TO (MM/YYYY)
DUTIES & RESPONSIBILITIES		REASON FOR LEAVING	MAY WE CONTACT? ☐ Yes ☐ No	

6. PROFESSIONAL REFERENCES*Please list three references who are not relatives.*

NAME	RELATIONSHIP	COMPANY / OCCUPATION	PHONE

7. APPLICANT CERTIFICATION & SIGNATURE*Please read carefully before signing.*

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false statement, misrepresentation, or omission may disqualify me from consideration or, if I am hired, may result in termination of employment.

I authorize Ramey Insurance Agency, Inc. to verify the information provided and to contact the references and prior employers listed above (except any employer I have indicated should not be contacted). I release the agency and all persons or organizations providing information from any liability for doing so.

I understand that any offer of employment may be conditioned upon satisfactory completion of a background check, verification of insurance licensing status, and other pre-employment screening conducted in accordance with applicable federal and Illinois law, and that I will be provided any notices and authorizations required before such checks are performed.

I understand that if hired, my employment will be at-will, meaning either I or the agency may end the employment relationship at any time, with or without cause or notice. Nothing in this application or in any interview creates a contract of employment for any specific period. This application will be kept on active file for ninety (90) days.

APPLICANT SIGNATURE (TYPING YOUR FULL NAME CONSTITUTES YOUR ELECTRONIC SIGNATURE)	DATE

FOR OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY	INTERVIEW DATE	INTERVIEWED BY	STATUS