

RAMEY INSURANCE AGENCY, INC.

Application for Employment

110 N. Logan St.
West Frankfort, IL 62896
618-932-2730
rameyinsuranceagency.com

Please print clearly in ink and complete all sections. If a section does not apply to you, write "N/A." Attach additional sheets if you need more space.

Ramey Insurance Agency, Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, genetic information, or any other status protected by law.

1 POSITION APPLIED FOR

POSITION / JOB TITLE	DATE OF APPLICATION
DATE AVAILABLE TO START	DESIRED PAY / SALARY

Employment type desired:

Full-Time Part-Time Seasonal / Temporary Open to Any

Have you previously applied to or worked for Ramey Insurance Agency?

Yes No

Do you currently hold any insurance license(s)?

Yes No

IF YES — LICENSE TYPE(S), STATE(S), AND NUMBER(S)

2 PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	APT / UNIT	
CITY	STATE	ZIP CODE
PRIMARY PHONE	ALTERNATE PHONE	EMAIL ADDRESS

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Are you legally authorized to work in the United States?

Yes No

Will you now or in the future require sponsorship for employment visa status?

Yes No

Are you at least 18 years of age?

Yes No

3 EDUCATION & TRAINING

High School / GED

SCHOOL NAME	CITY / STATE	GRAD YEAR

Did you graduate / earn your GED?

Yes No

College / University / Trade School

SCHOOL NAME	CITY / STATE

MAJOR / FIELD OF STUDY	DEGREE EARNED	GRAD YEAR

Other Certifications, Licenses, or Professional Development

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4 EMPLOYMENT HISTORY

List your three most recent employers, starting with the most recent. You may attach a résumé, but please complete this section as well.

Employer 1 (most recent)

EMPLOYER NAME	PHONE NUMBER

ADDRESS	CITY / STATE / ZIP

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JOB TITLE	SUPERVISOR
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START DATE	END DATE	STARTING PAY	ENDING PAY
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REASON FOR LEAVING

DUTIES & RESPONSIBILITIES

Employer 2

EMPLOYER NAME	PHONE NUMBER
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ADDRESS	CITY / STATE / ZIP
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JOB TITLE	SUPERVISOR
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START DATE	END DATE	STARTING PAY	ENDING PAY
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REASON FOR LEAVING

DUTIES & RESPONSIBILITIES

Employer 3

EMPLOYER NAME	PHONE NUMBER
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ADDRESS	CITY / STATE / ZIP
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JOB TITLE	SUPERVISOR
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START DATE	END DATE	STARTING PAY	ENDING PAY
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REASON FOR LEAVING

DUTIES & RESPONSIBILITIES

May we contact your current / most recent employer?
 Yes No

5 SKILLS & QUALIFICATIONS

Check all that apply:

- Microsoft Word Microsoft Excel Microsoft Outlook
 Agency Mgmt System (AMS 360) Social Media / Marketing Bilingual

OTHER SOFTWARE, SYSTEMS, OR TECHNICAL SKILLS

ADDITIONAL SKILLS, QUALIFICATIONS, OR RELEVANT EXPERIENCE

6 PROFESSIONAL REFERENCES

Please list three professional references who are not relatives.

FULL NAME	RELATIONSHIP	PHONE	YEARS KNOWN

7 GENERAL QUESTIONS

Have you ever been convicted of a felony? (A conviction does not automatically disqualify you.)
 Yes No

IF YES, PLEASE EXPLAIN (NATURE OF OFFENSE, DATE, DISPOSITION)

We consider the nature and date of the offense and its relevance to the position in accordance with applicable law.

How did you hear about this position?

- Job Board / Indeed Employee Referral Walk-In
 Social Media Agency Website Other

IF REFERRAL OR OTHER, PLEASE SPECIFY

8 CERTIFICATION & SIGNATURE

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 or misleading information, or any omission, may disqualify me from consideration or, if employed, result in termination. I authorize Ramey Insurance Agency, Inc. to verify the information provided and to contact my former employers, references, and educational institutions. I understand that employment is at-will and may be ended by either party at any time, with or without cause or notice, unless a written agreement provides otherwise.

APPLICANT SIGNATURE

DATE

FOR OFFICE USE ONLY

RECEIVED BY

DATE RECEIVED

INTERVIEW DATE

INTERVIEWER

DISPOSITION / NOTES