

Membership in Professional or Civic Organizations

(Feel free to exclude those which may disclose your race, color, religion or national origin.)

References

Give below the names of two persons not related to you, whom you have known at least one year.

Name	Address	Business	Years	Phone #

Federal Violent Crime Control and Law Enforcement Act 1994

One portion of the Federal Violent Crime Control and Law Enforcement Act of 1994 requires that any person who has been convicted of any criminal felony involving dishonesty or breach of trust may not engage in the business of insurance unless the person has received the specific written consent of an insurance regulatory official authorized to regulate the insurer. Therefore, an applicant must disclose all felony convictions to the Company, so that the Company can determine if said conviction is of the type covered.

I have _____ have not _____ been convicted of a felony.

In Case of Emergency Notify

Name

Address

Phone Number

Your employment with The Company General Agency Corporation is voluntarily entered into and you are free to resign at any time. Similarly, The Company General Agency Corporation may terminate the employment relationship where it believes it is in The Company General Agency Corporation's best interest.

Signature *(Please read before signing.)*

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

In consideration of my employment, I agree to conform to the rules and regulations of The Company General Agency Corporation, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either The Company General Agency Corporation or myself. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice, at any time by The Company General Agency Corporation. I understand that no representative of The Company General Agency Corporation has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I hereby authorize The Company General Agency Corporation to make any investigation of my background deemed necessary, either at the time of my hire or any time during my employment, including records of any and all government entities. I have no objection to making application for security clearance, if necessary, signing an employee agreement, confidentiality agreement, taking a medical exam or drug test. At the time of my employment, I will not have nor bring with me any writing or thing embodying any secret or confidential material belonging to any former employer. Additionally, I understand that, consistent with applicable laws, The Company General Agency Corporation retains the right to terminate my employment, once offered, at any time, for any reason, or for no reason at all, and such termination may occur at any time with no prior notice.

By signing below, I attest that I have read the above declaration and am signing of my own free will and without pressure or duress.

Signature

Date

For Employer's Use Only

Reference Check		
Employer	Person Contacted	Results
1		
2		
3		
4		

Interview Results

Reference Checked by: _____ Date _____

Hired _____ For Department _____

Position _____ Will Report _____