



## APPLICATION FOR EMPLOYMENT

Gulfshore Insurance, Inc. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### APPLICANT QUESTIONS:

Have you ever applied for a position with the company before?  Yes  No

If yes, approximate date: Mo/Yr: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Schedule Availability: \_\_\_\_\_ Any schedule restrictions: \_\_\_\_\_

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?  Yes  No

Are you 16 years of age or older?  Yes  No

How were you referred to Gulfshore? \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation?  Yes  No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

### EDUCATION:

#### High School or last grade completed:

Name & Address of School: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

#### College or Technical School:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**Other Schooling or Training:**

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP – Type of license(s) held:**

License \_\_\_\_\_ Expiration Date \_\_\_\_\_

License \_\_\_\_\_ Expiration Date \_\_\_\_\_

License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other professional memberships: \_\_\_\_\_

**RECORD OF EMPLOYMENT:**

List positions starting with most recent:

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

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

May we contact employer?  Yes  No

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

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

May we contact employer?  Yes  No

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

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

May we contact employer?  Yes  No

**WORK-RELATED REFERENCES: (Do not include relatives)**

Name	Occupation	Years Known	Contact Information
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**STATEMENT (Please read this statement carefully before signing this application.)**

I understand that employment with Gulfshore Insurance is at-will, meaning that I or Gulfshore Insurance may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize Gulfshore Insurance to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Gulfshore Insurance, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Gulfshore Insurance requires the successful completion of a drug and/or alcohol test as a condition of employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_