



Application for Employment

Acrisure, LLC is an equal opportunity employer and does not discriminate against applicants on the basis of race, color, religion, age, sex, marital status, national origin, disability, veteran status, or other characteristic protected

Personal Information

Full Name: _____
Last
First
M.I.

If employment was under a different name, please indicate: _____

Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____
Full-Time
Part-Time

Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If under 18, can you provide work authorization if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you legally eligible to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you now or in the future require visa sponsorship for employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If hired, will you be able to present documentation verifying authorization to legally work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a Non-Compete or Employment Agreement with a prior employer that may impact your ability to work for Acrisure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company? YES NO When? _____

Do you have any relatives or friends who work for the Company? YES NO If yes, who and what is their relationship to you? _____

Previous Employment

Please list below present and past employment, starting with the most recent. Include service with the US Military Service. Do not skip or omit any employers.

Company: _____ Phone: _____

City/State: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

City/State: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

City/State: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

City/State: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Education

High School: _____ City/State _____

From: _____ To: _____ Did you graduate? YES NO Diploma: YES NO

College: _____ City/State _____

From: _____ To: _____ Did you graduate? YES NO Degree: YES NO

College: _____ City/State _____

From: _____ To: _____ Did you graduate? YES NO Degree: YES NO

Other: _____ City/State _____

Course: _____ Degree _____

Professional License or Membership

You need not disclose membership in professional organizations that may reveal information regarding race, color, sex, religion, age, qualifying disability, marital status, veteran status or any other characteristic or status protected by any federal, state or local law.

Type of license(s) held:

License: _____ Expiration Date: _____

License: _____ Expiration Date: _____

Other Professional Memberships: _____

Professional References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

APPLICANT STATEMENT

(You Must Date and Sign This Applicant Statement to Be Considered for Employment)

AFFIRMATION. I affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

AUTHORIZATION. I authorize the Company to investigate all information contained in this application.

DRUG/ALCOHOL TESTS. I give my consent for the Company to conduct a drug and/or alcohol test in accordance with the Company’s drug and alcohol testing policy and applicable federal, state or local laws.

ACCOMMODATIONS. I also understand that if I have a disability that affects my ability to perform the essential functions of the job I seek or engage in the hiring process; I may ask the Company to make a reasonable accommodation for it. I should make my request in writing to the Human Resource Department as soon as possible.

AT-WILL EMPLOYMENT. Employment at Acrisure is “at will.” This means that if hired, your terms and conditions of employment may be changed with or without notice, and with or without cause, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work. Specifically, either you or Acrisure may terminate your employment at any time, with or without notice, and with or without cause. No supervisor or other employee of Acrisure has the authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than “at will” employment. Only the CEO of Acrisure has the authority to make an agreement altering an employee’s at-will status. Such an agreement must be in writing and signed by the CEO of Acrisure.

RELEASE. I release my current and former employers, and the educational institutions I have attended, and each of their staffs and employees from any and all liability associated with the disclosure and discussion of any information, records or other documents that pertain to me.

CRIMINAL/CREDIT HISTORY. Depending on the position for which I am applying, I understand that the Company may request a criminal and/or credit history pertaining to me. If such a check will be required, I understand that I will be provided with additional notices and information about that process and my rights.

WAIVER OF LIMITATIONS PERIOD (WHERE ALLOWED BY APPLICABLE LAW). In exchange for the Company considering my application for employment, and where permitted by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit. I understand that applicable statutes of limitations may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitations and accordingly WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I have carefully read the foregoing applicant statement. I understand each paragraph of the applicant statement. I agree to each provision set forth in the applicant statement.

Applicant
Signature: _____ Date: _____