



Personal Information

Name: Last First M.I.

SSN#: _____

Address: Street City/State Zip

Home Phone: _____ Business Phone: _____

How did you hear about us? _____

Are you currently employed? _____

If you answered, Yes Employer: _____

Supervisor: _____

Date available for work? _____

Employment History

Employer Name Phone

Supervisor Position

Address

Date From (MM/YY) Date To (MM/YY)

Starting Salary Ending Salary

Employer Name Phone

Supervisor Position

Address

Date From (MM/YY) Date To (MM/YY)

Starting Salary Ending Salary



Temporary Employment History

Employer Name	_____	Phone	_____
Supervisor	_____	Position	_____
Address	_____		
Date From (MM/YY)	_____	Date To (MM/YY)	_____
Starting Salary	_____	Ending Salary	_____

Employer Name	_____	Phone	_____
Supervisor	_____	Position	_____
Address	_____		
Date From (MM/YY)	_____	Date To (MM/YY)	_____
Starting Salary	_____	Ending Salary	_____

References

List your previous supervisors and/or fellow employees who know your work record.

Name	_____	Company	_____
Location	_____		
Position	_____	Phone #	_____

Name	_____	Company	_____
Location	_____		
Position	_____	Phone #	_____

Name	_____	Company	_____
Location	_____		
Position	_____	Phone #	_____



Name _____ Company _____

Location _____

Position _____ Phone # _____

Name _____ Company _____

Location _____

Position _____ Phone # _____

Education

College or Business School

School Name _____ Type of Degree _____

Location _____

Dates Attended _____ Phone # _____

School Name _____ Type of Degree _____

Location _____

Dates Attended _____ Phone # _____

Licenses

You may attach your NIPR report in lieu of entering them below

State _____ Type _____

Expiration _____ Residency _____

Lines of Authority _____

State _____ Type _____

Expiration _____ Residency _____

Lines of Authority _____



Insurance Placement Solutions
Employment Application

State _____ Type _____
Expiration _____ Residency _____
Lines of Authority _____

Have you ever been convicted of a felony? _____ *Please only respond where allowed by law. A yes answer does not disqualify you from employment at IPS)*

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Insurance Placement Solutions unless I have indicated to the contrary. I authorize the references listed above to provide Insurance Placement Solutions any information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Insurance Placement Solutions. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment. In consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Applicants Signature

Date