



# Employee Application

Thank you for your interest in our agency, **Tomco Insurance Agency**. We are proud to be an equal opportunity employer. Our selection decisions are made based upon job duty requirements and individual qualifications. We do not discriminate against any applicant based on race, sex, age, religion, disability, national origin, sexual orientation, marital status, or any other basis prohibited by federal, state or local law.

## Applicant Information

Full Name: \_\_\_\_\_  
*First* *Last*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- When are you available to start?
- Are you looking for part-time or full-time work? (Circle one)  
Part-time      Full-time
- What days are you available for work? (Circle all that apply)  
Monday   Tuesday   Wednesday   Thursday   Friday
- Rate your proficiency with the following programs (circle one per program):  
    **1** Not familiar (Never used), **2** Familiar (Used before), **3** Very Familiar (Uses daily)
  - MS Word – 1 / 2 / 3
  - MS Outlook – 1 / 2 / 3
  - MS Excel – 1 / 2 / 3
  - QuickBooks – 1 / 2 / 3
- Circle the tasks that you feel you could accomplish if hired (Circle all that apply)
  - Insurance Sales
  - Insurance Policy Reviews
  - Customer Service
  - Rate Increase Conversations
  - Telephone Conversations
  - Updating Electronic Records / Notes
  - Face to Face Conversations
  - Bookkeeping (Billing / Payroll)
  - Data Entry (MS Office)
  - Electronic Document Filing / Retention

## Job History

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Position / Title: \_\_\_\_\_

State Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Position / Title: \_\_\_\_\_

State Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Location: \_\_\_\_\_

Position / Title: \_\_\_\_\_

State Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Current Insurance Licensing / Certifications

Official License / Certification Name	Active or Expired	Date Completed

If not currently licensed, are you willing to work towards becoming licensed? Yes / No

**Professional References**

Name	Relationship	Years Known	Phone #	Email

**Education**

School / Location of School	Course of Study (Major)	Qualification / Degree	Years Completed	Degree / License earned?
				Yes No
				Yes No
				Yes No

Have you ever been convicted of a felony? (circle one)

No

Yes – Explain: \_\_\_\_\_  
\_\_\_\_\_

Why do you want to work here?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

