

Employment (Start with most recent employment and work backwards)

Employer	Telephone Number
Full Address (Street, City, State & Zip)	
Supervisor's Name & Title	
Employment Start Date	Employment End Date
Ending Compensation	Reason for Leaving
Describe work performed	

Employer	Telephone Number
Full Address (Street, City, State & Zip)	
Supervisor's Name & Title	
Employment Start Date	Employment End Date
Ending Compensation	Reason for Leaving
Describe work performed	

Employer	Telephone Number
Full Address (Street, City, State & Zip)	
Supervisor's Name & Title	
Employment Start Date	Employment End Date
Ending Compensation	Reason for Leaving
Describe work performed	

Education

Name of School	Address of School	Grade Completed or Degree(s)	Subjects Studied

Licenses

P&C License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
L&H License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Brokers License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Series 6 or 7 License	<input type="checkbox"/> Yes <input type="checkbox"/> No	State & License #
Other Licenses	Describe:	State & License #

Designations (Check all that apply)

CIC CPCU CLU ChFC CRM CISR Other _____

Software (Check all that apply)

Software	Skill Level	Version
Microsoft Word	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Microsoft Excel	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Microsoft PowerPoint	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Microsoft Outlook	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Microsoft Explorer – Web Surfing	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Publishing Software	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
APPLIED - TAMS	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
AMS – AFW, Sagitta, 360, InStar	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Other: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
Other: _____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

References (Please include at least two business and one personal references.)

Name _____
 Company Name _____
 Full Address _____
 Phone # _____
 Occupation _____ Relationship _____

Name			
Company Name			
Full Address			
Phone #			
Occupation		Relationship	

Name			
Company Name			
Full Address			
Phone #			
Occupation		Relationship	

Name			
Company Name			
Full Address			
Phone #			
Occupation		Relationship	

Additional Experience or Qualifications

List any other experience, skills or qualifications that you believe should be considered in evaluating your qualifications for employment.

Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ Per _____



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573.624.5360 F
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Notification and Agreement (Please read before signing)

It is **County Wide Insurance & RE Agency Inc.** policy to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status or sexual orientation, individuals with a disability, or any other characteristic protected by applicable Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from liability anyone supplying such information and I also release **County Wide Insurance & RE Agency Inc.** from all liability that might result from making an investigation

If employed, I agree to not engage in any outside activity that would involve a material conflict of interest with, or could reflect adversely on **County Wide Insurance & RE Agency Inc.**. I understand that **County Wide Insurance & RE Agency Inc.** retains the right to solely decide when such conflict exists.

If employed, I agree to hold in strictest confidence any information concerning **County Wide Insurance & RE Agency Inc.**, its Insureds, and its Carriers that may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of **County Wide Insurance & RE Agency Inc.**, and understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either **County Wide Insurance & RE Agency Inc.** or myself. I understand that no representative of **County Wide Insurance & RE Agency Inc.**, other than the President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing

I understand that completion of this employment application does not guarantee that I have been employed by **County Wide Insurance & RE Agency Inc.**

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.

Signed _____

Date _____

