

# Homer Smith Insurance Employment Application

Position Applied for \_\_\_\_\_ Application Date \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Home phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

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

Are you available to work: Full time, Part-time \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of work eligibility?  Yes  No

Have you ever worked or submitted an application with this agency before?  Yes  No If yes, when \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you eligible to work in the United States? (Proof of eligibility will be required upon employment)  Yes  No

Have you ever been convicted of a crime, excluding misdemeanors? (If yes, attach explanation.)  Yes  No

Do you have a reliable means of transportation?  Yes  No

Have you ever been discharged from any employment or been asked to resign?

(If yes, attach explanation.)  Yes  No

Are you bound by any agreement(s) (including signing a non-competition, non-disclosure, or non-piracy agreement) that would limit your ability to work for the agency?

(If yes, attach copy to this application.)  Yes  No

**Employment** (Start with most recent and work backwards. Attach other relevant employment history on separate sheet.)

Employer	Telephone Number
Full Address (Street, City, State & Zip)	
Supervisor's Name, Title & Phone No.	
Employment Start Date	Employment End Date
Starting/Ending Compensation	Reason for Leaving
Describe work performed _____	

Employer	Telephone Number
Full Address (Street, City, State & Zip)	
Supervisor's Name, Title & Phone No.	
Employment Start Date	Employment End Date
Starting/Ending Compensation	Reason for Leaving
Describe work performed _____	

Employer	Telephone Number
Full Address (Street, City, State & Zip)	
Supervisor's Name, Title & Phone No.	
Employment Start Date	Employment End Date
Starting/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)

c ic  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	
APPLIED	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
AMS	<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	
Other:	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

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

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.

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**Notification and Agreement** (Please read before signing)

It is **Homer Smith Insurance's** 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 **Homer Smith Insurance** 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 **Homer Smith Insurance**. I understand that **Homer Smith Insurance** retains the right to solely decide when such conflict exists.

If employed, I agree to hold in strictest confidence any information concerning **Homer Smith Insurance**, 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 **Homer Smith Insurance** and understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either **Homer Smith Insurance** or myself. I understand that no representative of **Homer Smith Insurance**, 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 **Homer Smith Insurance**.

**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 \_\_\_\_\_

**Please include a cover letter and resume.**  
**Return by mail to: Homer Smith Insurance, Attn: Hiring Manager, 804 Water St., Port Townsend, WA 98368**  
**or by email to: [resume@homersmith.com](mailto:resume@homersmith.com)**