EMPLOYMENT APPLICATION

Campbell Shuck Insurance | Equal Opportunity Employer

Please complete all applicable sections. Attach an additional sheet if more space is needed. Do not include a Social Security number or other sensitive identification documents with this application.

1 Applicant Information

Full legal name:

Preferred name (optional): Date:

Street address:

City: State: ZIP:

Phone: Email: :

Position applied for: Desired pay (optional):

Employment sought: ☐ Full-time ☐ Part-time ☐ Temporary Earliest start date:

Preferred schedule / availability:

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require employer sponsorship for employment authorization? ☐ Yes ☑ No

Have you previously worked for this agency? ☐ Yes ☐ No If yes, when?

2 Insurance Licensing & Relevant Qualifications

Current insurance license(s): ☐ Property & Casualty ☐ Life & Health ☐ Other ☐ None

Resident licensing state: Other licensed states:

License number(s) (optional): Expiration date(s):

License status: ☐ Active ☐ Inactive ☐ Pending ☐ Not applicable

Insurance agency / carrier / comparative rating software experience:

Relevant certifications, designations, or training:

Experience (check all that apply): ☐ Personal lines ☐ Commercial lines ☐ Sales / quoting ☐ Customer service

☐ Policy servicing ☐ Billing / payments ☐ Claims intake ☐ Renewals / retention ☐ Office administration

Campbell Shuck
INSURANCE
CSI of Franklin

☐ Other:

Briefly describe your relevant strengths and experience:

3 Employment History

List your three most recent employers, starting with the most recent. Include relevant prior work, even if outside insurance.

EMPLOYER 1

Employer / company: Job title:

City / state: From (MM/YYYY): To (MM/YYYY):

Supervisor / contact (optional): Phone (optional):

Key responsibilities:

Reason for leaving:

May we contact this employer? ☐ Yes ☐ No ☐ Please contact me first

EMPLOYER 2

Employer / company: Job title:

City / state: From (MM/YYYY): To (MM/YYYY):

Supervisor / contact (optional): Phone (optional):

Key responsibilities:

Reason for leaving:

May we contact this employer? ☐ Yes ☐ No ☐ Please contact me first

EMPLOYER 3

Employer / company: Job title:

City / state: From (MM/YYYY): To (MM/YYYY):

Supervisor / contact (optional): Phone (optional):

Key responsibilities:

Reason for leaving:

May we contact this employer? ☐ Yes ☐ No ☐ Please contact me first

4 Education & Training

Highest level completed: ☐ High school / GED ☐ Some college ☐ Associate ☐ Bachelor's

☐ Graduate / professional ☐ Other:

School / institution: Degree / field:

Additional education, job-related coursework, or training:

5 Professional References

Provide three professional references, preferably supervisors, coworkers, or business contacts. Please do not list relatives.

REFERENCE 1

Name: Job title / company:

Relationship to you: Years known:

Phone: Email:

REFERENCE 2

Name: Job title / company:

Relationship to you: Years known:

Phone: Email:

REFERENCE 3

Name: Job title / company:

Relationship to you: Years known:

Phone: Email:

6 Additional Information

How did you hear about this opportunity?

Relevant languages, software, or other job-related skills:

Other information you would like us to consider (optional):

7 Applicant Acknowledgment & Signature

I certify that the information I provided is true and complete to the best of my knowledge. I understand that material misrepresentations or omissions may result in withdrawal of an employment offer or, if hired, termination of employment, subject to applicable law.

I authorize the agency to contact the employers and professional references I have identified, subject to any contact preferences noted above, to verify job-related information. Any separate background check or consumer report will be handled through a separate legally compliant disclosure and authorization process if applicable.

I understand that submitting this application does not guarantee an interview or employment. If hired, employment will be governed by applicable law and agency policies; this application does not create a contract of employment.

Applicant signature: Date:

EQUAL EMPLOYMENT OPPORTUNITY: The agency considers applicants without regard to race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age, disability, genetic information, veteran status, or any other status protected by applicable law. Reasonable accommodations are available during the application process upon request.