

MID-OHIO INSURANCE SOLUTIONS, INC

Employment Application



Mid-Ohio
INSURANCE SOLUTIONS, INC.

APPLICANT INFORMATION																	
Last Name						First				M.I.		Date					
Street Address									Apartment/Unit #								
City						State					ZIP						
Phone						E-mail Address											
Date Available					Social Security No.						Desired Annual Compensation						
Position Applied for																	
Are you a citizen of the United States?				YES		NO		If no, are you authorized to work in the U.S.?				YES		NO			
Do you hold a valid Ohio Property and Casualty Insurance License?				YES		NO		Have you ever been convicted of a felony?				YES		NO			
Do you hold a valid Ohio Life Insurance License?				YES		NO		Have you ever had an Insurance License from this or any other state suspended or revoked?				YES		NO			
EDUCATION																	
High School						Address											
From				To				Did you graduate?		YES		NO		Degree			
College						Address											
From				To				Did you graduate?		YES		NO		Degree			
Other						Address											
From				To				Did you graduate?		YES		NO		Degree			
REFERENCES																	
<i>Please list three professional references.</i>																	
Full Name								Relationship									
Company								Phone									
Address																	
Full Name								Relationship									
Company								Phone									
Address																	
Full Name								Relationship									
Company								Phone									
Address																	

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	<i>Signature will be collected at time of interview.</i> Date

After completing form, the Submit Button will send this form directly to Jeff@midohioins.com for review.