



# KRATZER INSURANCE

## Employment Application

### Applicant Information

|   |     |                                 |                                |  |    |                  |                                 |                                |
|---|-----|---------------------------------|--------------------------------|--|----|------------------|---------------------------------|--------------------------------|
| Full Name:                                |     |                                 |                                |  |    | Date:            |                                 |                                |
| <i>Last</i>                               |     | <i>First</i>                    |                                |  |    | <i>M.I.</i>      |                                 |                                |
| Address:                                  |     |                                 |                                |  |    | Apartment/Unit # |                                 |                                |
| <i>Street Address</i>                     |     |                                 |                                |  |    |                  |                                 |                                |
| <i>City</i>                               |     | <i>State</i>                    |                                | <i>ZIP Code</i>                                |    |                  |                                 |                                |
| Phone:                                    | ( ) | E-mail Address:                 |                                |  |    |                  |                                 |                                |
| Date Available:                           |     | Social Security No.:            |                                | Desired Salary:                                | \$ |                  |                                 |                                |
| Position Applied for:                     |     |                                 |                                |  |    |                  |                                 |                                |
| Are you a citizen of the United States?   |     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If no, are you authorized to work in the U.S.? |    |                  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Have you ever worked for this company?    |     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If yes, when?                                  |    |                  |                                 |                                |
| Have you ever been convicted of a felony? |     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |  |    |                  |                                 |                                |
| If yes, explain:                          |     |                                 |                                |  |    |                  |                                 |                                |

### Education

|              |  |     |  |                   |                                 |                                |         |  |  |
|--------------|--|-----|--|-------------------|---------------------------------|--------------------------------|---------|--|--|
| High School: |  |     |  | Address:          |                                 |                                |         |  |  |
| From:        |  | To: |  | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree: |  |  |
| College:     |  |     |  | Address:          |                                 |                                |         |  |  |
| From:        |  | To: |  | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree: |  |  |
| Other:       |  |     |  | Address:          |                                 |                                |         |  |  |
| From:        |  | To: |  | Did you graduate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree: |  |  |

### References

*Please list three professional references.*

|            |  |  |  |               |  |     |  |  |  |
|------------|--|--|--|---------------|--|-----|--|--|--|
| Full Name: |  |  |  | Relationship: |  |     |  |  |  |
| Company:   |  |  |  | Phone:        |  | ( ) |  |  |  |
| Address:   |  |  |  |               |  |     |  |  |  |
| Full Name: |  |  |  | Relationship: |  |     |  |  |  |
| Company:   |  |  |  | Phone:        |  | ( ) |  |  |  |
| Address:   |  |  |  |               |  |     |  |  |  |
| Full Name: |  |  |  | Relationship: |  |     |  |  |  |
| Company:   |  |  |  | Phone:        |  | ( ) |  |  |  |



# KRATZER INSURANCE

|  |  |                  |  |                                 |                                |                |     |    |
|--|--|------------------|--|---------------------------------|--------------------------------|----------------|-----|----|
| Address:   |  |                  |  |                                 |                                |                |     |    |
| <b>Previous Employment</b>   |  |                  |  |                                 |                                |                |     |    |
| 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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |                |     |    |
| 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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |                |     |    |
| 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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |                |     |    |
| 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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |                |     |    |
| <b>Military Service</b>  |  |                  |  |                                 |                                |                |     |    |
| Branch:  |  |                  |  |                                 | From:                          |                | To: |    |
| Rank at Discharge:   |  |                  |  | Type of Discharge:              |                                |                |     |    |
| If other than honorable, explain:  |  |                  |  |                                 |                                |                |     |    |
| <b>Disclaimer and Signature</b>  |  |                  |  |                                 |                                |                |     |    |
| <i>I certify that my answers are true and complete to the best of my knowledge.</i>  |  |                  |  |                                 |                                |                |     |    |
| <i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i> |  |                  |  |                                 |                                |                |     |    |
| Signature:   |  |                  |  |                                 |                                | Date:          |     |    |