



# ACRISURE

## APPLICATION FOR EMPLOYMENT - California

### Acrisure, LLC

Acrisure, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, age, sex, height, weight, marital status, national origin, qualifying disability, veteran status, or other protected characteristic.

#### PERSONAL:

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Has this been your address for at least 7 years?  Yes  No

If no, please provide any addresses of residency in the past 7 years:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Sought \_\_\_\_\_  Full Time  Part Time

Date Available \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_

Are you 18 years of age or older?  Yes  No If under 18, can you provide a work permit if required?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever worked for this Company before?  Yes  No

If yes, when? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company?  Yes  No If yes, who and where do they work?

\_\_\_\_\_

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** Number of years completed (circle one) 1 2 3 4 **Diploma:**  Yes  No **G.E.D.**  Yes  No

School \_\_\_\_\_ City/State \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:** Number of years completed (circle one) 1 2 3 4 Major \_\_\_\_\_

Degrees Earned \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

**Other Training or Degrees:**

School \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of license(s) held:

License \_\_\_\_\_ Expiration Date \_\_\_\_\_

License \_\_\_\_\_ Expiration Date \_\_\_\_\_

License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other professional memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, sex, religion, age, qualifying disability, marital status, height, weight, veteran status or any other protected characteristic.)

**SKILLS:**

Check the skills/software proficiency that apply to you:

MS Word  MS Excel  MS PowerPoint  MS Outlook  10-Key I type \_\_\_\_\_ wpm.

Other software/skills \_\_\_\_\_

**EMPLOYMENT:**

List below past and present employment, starting with the most recent. Include employment with the US Military Service. Do not skip or omit any employers. Use more paper if necessary.

If employment was under a different name, please indicate name \_\_\_\_\_

May we contact your present employer?  Yes  No

Employer Name & Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year Month/Year

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year Month/Year

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year Month/Year

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Month/Year Month/Year

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Explain any gaps in work history: \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## APPLICANT STATEMENT

(You Must Date and Sign This Applicant Statement To Be Considered For Employment)

**AFFIRMATION.** I affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

**AUTHORIZATION.** I authorize the Company to investigate all statements contained in this application, to contact my previous employers, to contact educational institutions I attended, and to discuss my employment/education history with them. I authorize my former employers and any educational institutions I have attended to disclose and discuss my employment/education history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion.

**EXAMINATIONS.** Should I receive a conditional offer of employment, I agree to submit to any physical, medical and/or psychological examination. I further authorize any physician, counselor or other treater conducting such examinations to release to and discuss with the Company the results of such examinations.

**ACCOMMODATIONS.** I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Company to attempt to make a reasonable accommodation for it. I must make my request in writing to the Human Resource Department as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

**DRUG/ALCOHOL TESTS.** I give my consent for the Company, through an authorized testing service of its choice, to collect blood, urine or other samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. I authorize the testing service to release to and discuss with the Company the test results and other relevant medical information. If I am accepted for employment, I also consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

**AT-WILL EMPLOYMENT.** I understand that all employees of the Company are employed on an at-will basis. I understand that this means that my employment is for an indefinite period of time and may be terminated by either the Company or me at any time, with or without cause, and with or without prior notice, warning or discipline. No person other than the President(s) of the Company have authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement by the President(s) will be enforceable unless it is in writing, pertains specifically to me, and is signed by one of the Presidents.

**RELEASE.** I release my current and former employers, the educational institutions I have attended, the physicians/counselors/treaters who examine me, the drug/alcohol testing service, the Company and each of their staffs and employees from any and all liability associated with the disclosure and discussion of any information, records or other documents that pertain to me.

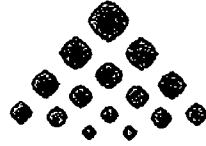
**CRIMINAL/CREDIT HISTORY.** In addition, depending on the position for which I am applying, I understand that the Company may request a criminal and/or credit history pertaining to me. If such a check will be required, I understand that I will be provided with additional notices and information about that process and my rights.

**WAIVER OF LIMITATIONS PERIODS.** In exchange for the Company considering my application for employment, and except as prohibited by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit. I understand that applicable statutes of limitations may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitations and accordingly WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

**I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature



# ACRISURE

## AFFIRMATIVE ACTION FORM

Acrisure is subject to certain governmental recordkeeping and reporting requirements for the administration of civil laws and regulations. In order to comply with these laws, Acrisure invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

---

Sex:  Male  Female

Veteran:  Yes  No

### Race/Ethnicity:

**American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the Black racial groups of Africa.

**White** – A person having origins in any of the original peoples of Europe, North America, or the Middle East.

**Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race.

**Two or More Races (Not Hispanic or Latino)**

**Race Missing or Unknown** – Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

---

Please identify where you learned about an employment opportunity with this organization:

Newspaper

Employee Referral

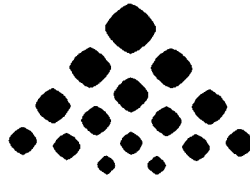
Recruiter

Tech School /College Placement

Temporary Service

State employment Service

Other



# ACRISURE

## CONSENT TO CHEMICAL AND/OR ALCOHOL SCREENING TEST AND RELEASE OF LIABILITY

I understand that according to Acrisure policy, at any time prior to or during my employment, I am required to submit a sample of my urine or breath for chemical and/or alcohol analysis. I hereby consent to the collection by the Company or its designee of such samples from me and to the analysis of such samples, as may be necessary to determine the presence of alcohol, or controlled substances in my system. I understand that the results of this screening may affect my selection for and retention of employment and consent to the release of test results to the Company. In the event I refuse to participate in a pre-employment screening, or should the results be positive, I understand and agree that I will be rejected for employment and ineligible to reapply for one year.

I hereby waive and release Acrisure and any testing agency retained by it, as well as their officers, employees and agents, from any and all claims of liability of any nature arising from any such screening or analysis or from decisions made regarding my employment based upon the results of such screening or analysis.

I hereby certify that I have read this form or it was read to me; that this form was explained to me on the date as written; and that I fully understand the contents of this form.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

**REFUSED:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

Reasons for refusal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT**

I understand that, as a condition of my consideration for employment with Acrisure, or as a condition of my continued employment with Acrisure, the Company may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Acrisure's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Acrisure will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Company. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report. If hired, this consent shall be placed in my personnel file, and shall serve as an ongoing consent for Acrisure LLC to obtain my consumer credit report at any time during my employment.

I request a copy of all reports regardless of outcome:  Yes  No

---

Driver's License Number                      State of Issue                      Date of Issue

---

Social Security Number                      Date of Birth                      Phone Number

---

Signature of Applicant or Employee                      Date

---

Printed Name of Applicant or Employee

## Annual Licensing Questionnaire

The Federal Violent Crime Control and Law Enforcement Act of 1994 require that no person who has been convicted of a felony involving "dishonesty" or "a breach of trust" participate in the "business of insurance". Additionally, many states have restrictions on child support obligations and bankruptcy.

Acrisure, LLC renews non-resident insurance licenses and has a designated authorized employee who handles these transactions. Therefore, **Acrisure is asking all licensed employees to sign this document to ensure the authorized submitter is answering all background questions for you truthfully and accurately. By answering the following questions you are authorizing these transactions and attesting to their accuracy.**

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?  Yes  No
2. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?  Yes  No
3. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceedings involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?  Yes  No
4. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  Yes  No
5. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration?  Yes  No
6. Do you have a child support obligation in arrearage?  Yes  No
7. Are you the subject of a child support related subpoena or warrant?  Yes  No
8. Has an insurer you represented ever terminated your agent's or producer's contract other than for low production?  Yes  No
9. Has any state regulatory or supervisory agency ever disciplined, sanctioned, suspended, or revoked your license?  Yes  No
10. Do you currently have any open state or federal levy, tax lien, or multiple garnishments?  Yes  No
11. Are you a US citizen?  Yes  No
12. Are you a disabled veteran?  Yes  No

Please attach a letter of explanation for any questions marked "yes" ("no" for Question 11).

---

Signature

Print Name

Date