



APPLICATION FOR EMPLOYMENT

Acrisure, LLC is an equal opportunity employer and does not discriminate against applicants on the basis of race, color, religion, age, sex, marital status, national origin, disability, veteran status, or other characteristic protected by any applicable law.

PERSONAL:

Name _____
Last First Middle (Full Name)

Address _____
Number & Street City State Zip Code

Phone Number(s) _____

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 work authorization if required? Yes No

If hired, will you be able to present documentation verifying authorization to legally work in the United States? Yes No

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

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, where do they work and what is his/her relationship to you? _____

Do you have a Non-Compete or Employment Agreement with a prior employer that may impact your ability to work for Acrisure? Yes No

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

High School: Number of years completed: _____ **Diploma/G.E.D.:** _____
School _____ City/State _____

College and/or Vocational School: Number of years completed: _____ Major _____

Degrees Earned _____

School _____ City/State _____

Degrees Earned _____

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:

You need not disclose membership in professional organizations that may reveal information regarding race, color, sex, religion, age, qualifying disability, marital status, veteran status or any other characteristic or status protected by any federal, state or local law.

Type of license(s) held:

License _____ Expiration Date _____
 License _____ Expiration Date _____
 License _____ Expiration Date _____

Other professional memberships _____

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 service 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 _____
Month/Year Month/Year or Currently Employed

Supervisor _____ Department _____

Duties _____

Reason for leaving _____

Employer Name & Address _____

Phone Number _____ Position _____

Dates of employment: From _____ To _____
Month/Year Month/Year

Supervisor _____ Department _____

Duties _____

Reason for leaving _____

Employer Name & Address _____

Phone Number _____ Position _____

Dates of employment: From _____ To _____
Month/Year Month/Year

Supervisor _____ Department _____

Duties _____

Reason for leaving _____

Employer Name & Address _____

Phone Number _____ Position _____

Dates of employment: From _____ To _____
Month/Year Month/Year

Supervisor _____ Department _____

Duties _____

Reason for leaving _____

PROFESSIONAL REFERENCES:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

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 information contained in this application.

DRUG/ALCOHOL TESTS. I give my consent for the Company to conduct a drug and/or alcohol test in accordance with the Company's drug and alcohol testing policy and applicable federal, state or local laws.

ACCOMMODATIONS. I also understand that if I have a disability that affects my ability to perform the essential functions of the job I seek or engage in the hiring process, I may ask the Company to make a reasonable accommodation for it. I should make my request in writing to the Human Resource Department as soon as possible.

AT-WILL EMPLOYMENT. Employment at Acrisure is "at will." This means that if hired, your terms and conditions of employment may be changed with or without notice, and with or without cause, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work. Specifically, either you or Acrisure may terminate your employment at any time, with or without notice, and with or without cause. No supervisor or other employee of Acrisure has the authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than "at will" employment. Only the CEO of Acrisure has the authority to make an agreement altering an employee's at-will status. Such an agreement must be in writing and signed by the CEO of Acrisure.

RELEASE. I release my current and former employers, and the educational institutions I have attended, 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. 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 PERIOD (WHERE ALLOWED BY APPLICABLE LAW). In exchange for the Company considering my application for employment, and where permitted 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