



# FAMILY GUARDIAN INSURANCE COMPANY LIMITED

## APPLICATION FOR SALES REPRESENTATIVE POSITION

### 1. Personal Information

**Name:** \_\_\_\_\_  
Last First Middle Maiden

**Date of Birth:** DD \_\_\_\_\_ MM \_\_\_\_\_ YYYY \_\_\_\_\_

**Marital Status:**  Single  Married  Widowed  Divorced

**Address:** \_\_\_\_\_  
Street P.O. Box City Island

**Email Address:** \_\_\_\_\_

**Telephone Contacts:** Home (242) \_\_\_\_\_ Work (242) \_\_\_\_\_ Cell (242) \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Have you ever been convicted of a crime?**  Yes  No

*If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of Children:** \_\_\_\_\_ **Number of Dependants other than spouse/children:** \_\_\_\_\_

### 2. Professional References

*Give below the names of three/four individuals (not relatives, friends, political dignitaries or ministers of religion) who know you well and to whom the Company can refer. Please include last employer.*

Name	Address	Telephone	Years Acquainted
1.			
2.			
3.			
4.			

### 3. General Information

Do you have any relatives in our employment?  Yes  No

If yes, state name, relationship and department: \_\_\_\_\_

Do you own a car?  Yes  No

If yes, what is the make and year of the car? \_\_\_\_\_

Have you ever sold insurance?  Yes  No

If yes, what type? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any other selling experience?  Yes  No

If yes, what did you sell? \_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to our Company before?  Yes  No

If yes, which Department? \_\_\_\_\_ When? \_\_\_\_\_

Referred by: \_\_\_\_\_

### 4. Education

#### Secondary School

School: \_\_\_\_\_ When: \_\_\_\_\_

Graduate:  Yes  No Standard Attained: \_\_\_\_\_

Achievements: *(No. of BGCSEs and/or O'Levels)* \_\_\_\_\_

Subjects & Grades:	1. _____	2. _____
	3. _____	4. _____
	5. _____	6. _____
	7. _____	8. _____
	9. _____	10. _____

#### Post Secondary School

School: \_\_\_\_\_ When: \_\_\_\_\_

Graduate:  Yes  No Standard Attained: \_\_\_\_\_

Achievements: *(Degree)* \_\_\_\_\_

**Other Training/Designations**

**School/Organization:** \_\_\_\_\_ **When:** \_\_\_\_\_

**Graduate:**  Yes  No **Standard Attained:** \_\_\_\_\_

**Achievements:** \_\_\_\_\_

**Do you plan to continue your education?**  Yes  No

**If yes, when:** \_\_\_\_\_ **Course:** \_\_\_\_\_

**Which foreign languages do you:**

<b>Speak:</b>	<b>Read:</b>	<b>Write:</b>

**5. Employment History**

<b>Name &amp; Address of Employer</b>	<b>Job Title</b>	<b>MM/YY</b>	<b>Specific Reason for Leaving</b>
1.			
2.			
3.			
4.			
5.			

**Have you ever been terminated?**  Yes  No

**If yes, organization(s), please explain:** \_\_\_\_\_

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

**Have you ever worked at Family Guardian in the past?**  Yes  No

**If yes, provide:** Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

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

## 6. Other Activities

Are you a member of:

**Rotary, Kiwanis or any other Service Club?**     Yes    No

Attend Regularly?     Yes    No

Hold Office?     Yes    No

**How Often?** \_\_\_\_\_

**Any Civic Organizations (e.g. Red Cross)?**     Yes    No

Attend Regularly?     Yes    No

Hold Office?     Yes    No

**How Often?** \_\_\_\_\_

**Any Other Organization?**     Yes    No

Attend Regularly?     Yes    No

Hold Office?     Yes    No

**How Often?** \_\_\_\_\_

**Do you have any religious customs, which may govern your work hours, dress code or other practices?**

Yes    No

*If yes, please explain:* \_\_\_\_\_

**What hobbies do you have? Please give details below of activities, hobbies and offices held.**

## 7. Your Health

**Please describe any illnesses you may have had in the past five (5) years:**

**Do you have any medical conditions (including pregnancy) that warrants ongoing medical treatment or medication?**

Yes    No

*If yes, please describe:* \_\_\_\_\_

**7. Your Health** *Continued*

**Do you have any medical conditions or impairment that might compromise your ability to perform the duties of the position applied for?**

Yes  No

*If yes, please describe:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In case of an emergency, please provide spouse's name and contact information:**

**Name:** \_\_\_\_\_

**Telephone Contacts:** Work (242)

Cell (242)

I CERTIFY THAT THE ANSWERS GIVEN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY OFFER OF EMPLOYMENT CONSTITUTES AN EMPLOYMENT CONTRACT UNLESS FAMILY GUARDIAN AND I EXECUTE A WRITTEN AGREEMENT TO THAT EFFECT. I UNDERSTAND THAT ONCE HIRED, ANY MISREPRESENTATION OR OMISSION OF FACTS IN THIS APPLICATION OR INTERVIEW(S) IS CAUSE FOR DISMISSAL. I UNDERSTAND THAT A DRUG TEST AND PHYSICAL EXAMINATION FORM A PART OF THIS APPLICATION PROCESS\*. I FURTHER UNDERSTAND THAT IF EMPLOYED I WILL UNDERGO A 3-MONTH PROBATIONARY EMPLOYMENT PERIOD.

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

\_\_\_\_\_  
Date

\* **Please note:** All candidates considered for employment will be required to submit copies of BGCSE/Diploma certificates, three written references (including former employer), a recent police certificate (issued within last 6 months) and copies of passport information. A copy of your National Insurance card and two (2) passport photos are required once hired. Additionally, candidates are required to complete a background release form authorizing our Company to perform a background check, in the event that you are given a job offer. This form will be provided to your current employer after you have accepted our job offer.