



APPLICATION FOR SALES REPRESENTATIVE POSITION

1. Personal Information

Name: _____
Last First Middle Maiden

Date of Birth: DD _____ MM _____ CC YY _____

National Insurance Number: _____

Marital Status: Single Married Widowed Divorced

Address: _____
Street City P.O. Box Email

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 Dependents other than spouse/children:** _____

2. Employment History

Name & Address of Employer	Job Title	MM/YY	Duration of Employment
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: _____

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 this Company before? Yes No

If yes, to which Department: _____ When? _____

Referred by: _____

4. Education

Secondary School

School: _____ When: _____

Graduate: Yes No Standard Attained: _____

Achievements: (No. of BGCSEs) _____

Secondary School *Continued*

Subjects & Grades: (BGCSE)

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:

Speak:	Read:	Write:

5. 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	Relationship	Years Acquainted
1.				
2.				
3.				
4.				

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 indicate your height: _____ ft. _____ in. **Please indicate your weight:** _____ lbs.

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

Please indicate any medical conditions you have that warrants ongoing medical treatment or medication.

- Hypertension Diabetes Asthma Pregnancy
- Other (please list): _____

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 the name and phone number of the person you wish to be contacted:

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), copies of passport information, a copy of your National Insurance card and two (2) passport photos. 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.