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APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date: _____

Name Last	First	M. I.	Social Security Number	
Present Address		City	State	Zip/Postal Code
Home Phone	Cell Phone	Referred By		

Employment Desired

Position	Date you can start	Salary Desired
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education History

Name of School and Complete Mailing Address	Years Attended	Did You Graduate?	Subjects Studied
High School			
College			
Trade, Business or Correspondence School			

General Information

Insurance Designation/Courses, Subjects of Special Study/Research work or Special Training/Skills

Former Employers (list below last four employers, starting with the last one first)

Date Month and Year	Name and Address of Employers	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address and Phone Number	Business	Years Known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____

Signature _____

Please save this form as a PDF to your system then e-mail it with your resume to employment@smcins.com.