



Team Title Insurance, Inc.

4244 Evans Avenue
 Fort Myers, FL 33901
 (239) 278-3777 Phone
 (239) 278-4550 Fax

EMPLOYMENT APPLICATION

Team Title Insurance, Inc. is an Equal Opportunity Employer. All qualified applicants will receive consideration without regard to race, color, religion, sex, age, disability, marital status or national origin. In accordance with the Americans with Disabilities Act, Team Title Insurance, Inc., will provide reasonable accommodation upon request to applicants to facilitate the application process. This is a Drug-Free Workplace.

ABOUT YOU			Date:
Last Name	First Name	Social Security #	Home Phone ()
Home Address		How Long ?	Work/Message Phone ()
City	State	Zip	Email Address
Do you have relatives or friends presently working for Team Title Insurance, Inc.?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If not, employment is subject to verification that you are of legal minimum age and can furnish any required work permit)</small>			
Have you ever worked for us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	When? _____
How did you learn about Team Title?			

JOB INTEREST

Position(s) Desired :	Salary Requesting : Low :	High:
Date you will be available to begin work:		
Why do you want this Position? _____		

Education

	Name & Location	Dates Attended		Graduate		Major	Degree
		From	To	Yes	No		
High School / GED							
College							
Vocation / Business							
Other							
Certifications							

Office Skills / Experience (Check if applicable)

PC Skills	<input type="checkbox"/> Windows	<input type="checkbox"/> MS Outlook	<input type="checkbox"/> Internet Browsers
	<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Excel	<input type="checkbox"/> Other: _____
Office Skills	<input type="checkbox"/> 10 Key Calculator	<input type="checkbox"/> Dictation Machine Transcription	<input type="checkbox"/> Data Entry
	<input type="checkbox"/> Typing	<input type="checkbox"/> WPM	<input type="checkbox"/> Shorthand <input type="checkbox"/> WPM
Other Office Skills _____			

DRIVING RECORD

Drivers License No:

State:

Expiration:

Has your license ever been revoked or suspended?

Yes

No

If yes, please explain:

Employment

List all places of employment over the past five years, including Military Services. Please account for all self-employment and gaps in employment. If you were employed under a different name, please provide that name (_____). If you have had more than 3 employers in the past 5 years, ask for an additional page.

Employer (Most Current)	Address
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Your Official Job Title	Supervisor's Name & Title
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Dates Employed (Month / year)		Salary		Phone Number
From	To	Begin \$	End \$	()

Reason for Leaving:

Describe your duties in detail

May we contact ? Yes NoBetween these jobs (If applicable) Unemployed In School Other _____

Employer	Address
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Your Official Job Title	Supervisor's Name & Title
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Dates Employed (Month / year)		Salary		Phone Number
From	To	Begin \$	End \$	()

Reason for Leaving:

Describe your duties in detail

May we contact ? Yes NoBetween these jobs (If applicable) Unemployed In School Other _____

Employer	Address
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Your Official Job Title	Supervisor's Name & Title
-------------------------	---------------------------

Dates Employed (Month / year)		Salary		Phone Number
From	To	Begin \$	End \$	()

Reason for Leaving:

Describe your duties in detail

May we contact ? Yes NoBetween these jobs (If applicable) Unemployed In School Other _____

Personal References (Include persons other than relatives and employers)	
Name	Business
Address	Phone Number
City, State, Zip	Years Acquainted
Name	Business
Address	Phone Number
City, State, Zip	Years Acquainted
Name	Business
Address	Phone Number
City, State, Zip	Years Acquainted
Name	Business
Address	Phone Number
City, State, Zip	Years Acquainted

GENERAL INFORMATION

Do you smoke? Yes No If yes, can you avoid smoking during the workday? Yes No

BACKGROUND INFORMATION

Are you legally eligible for employment within the United States? Yes No
(You will be required to provide proof upon employment)

Have you ever committed or been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime or received a suspended sentence (regardless of the ultimate adjudication) for a crime? Yes No
 If Yes, please explain : (A Criminal Record will not necessarily be a bar to employment)

Have you ever been sued for causing the death of, or injury to any person, or any property damage (e.g., for assault, battery, defamation, etc.)?
 Yes No If Yes: Date: _____ Please explain the nature of the claims in the lawsuit(s) and disposition(s) _____

Do you have any commitments, including non-compete agreements or any other restrictive covenants to any other entity, business or person that might affect your employment with Team Title Insurance, Inc.? Yes No If yes, please explain: _____

If you are applying for a position that requires state or national registration, certification or license, you must furnish current proof of registration, certification or license. Registration, Certification or license No. And Type : _____
 Year : _____ State(s) : _____

Are there any other experiences, skills or qualifications, which you feel especially, qualify you for work with Team Title Insurance, Inc.?

EMERGENCY INFORMATION

Person to be notified in case of emergency:

Name	Phone Number
Relationship	Address

APPLICANT'S STATEMENT:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand that Team Title Insurance, Inc. will attempt to verify statements made on my application and made during my employment interview. I give permission for my former employers and personal references, as well as law enforcement officials, to answer any questions and to furnish information concerning me. I release Team Title Insurance, Inc. and all former employers and my references from any liability as a result of the furnishing and receiving of this reference and background information.

I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment documents, or any verbal misrepresentations, may result in disqualification from further employment consideration or termination from employment.

I understand that if Team Title Insurance, Inc., employs me I must conform to the policies and rules of Team Title Insurance, Inc. I understand that my employment relationship will be at-will and that both Team Title Insurance, Inc. and I have the right to terminate my employment, with or without cause, and with or without notice. I understand Team Title, Insurance, Inc. may change my job duties and schedule at any time during my employment. I understand I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when requested by Team Title Insurance, Inc.

I consent and agree to taking any pre-employment physical examinations and such future physical examinations and any drug and alcohol tests as part of or separate from any such physical examinations, as may be required by federal or state law/regulation, as well as Team Title Insurance, Inc.'s policy.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend on Team Title Insurance, Inc.'s ability to verify this necessary

Applicant's Signature

Date

Thank you for completing this application form and for your interest in employment with us. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you. Applications are considered inactive after 30 days from the date of application unless renewed, in writing, by the application at this location.

INCOMPLETE APPLICATIONS OR APPLICATIONS CONTAINING ADDITIONAL NON-REQUESTED INFORMATION WILL NOT BE CONSIDERED.
