



## 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:** 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. 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.*

<b>Name</b>	<b>Address</b>	<b>Telephone</b>	<b>Relationship</b>	<b>Years Acquainted</b>
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.