



APPLICANT INFORMATION									
Name									
Street Address									
City				State			Zip Code		
Home # (        )					Fax # (        )				
E-Mail Address									
DOB (MM/DD/YY)					Social Security #				
Insurance License #					Drivers License #				
EDUCATION									
High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
REFERENCES									
<i>Please list three professional references.</i>									
Full Name							Relationship		
Company							Phone	(        )	
Address									
Full Name							Relationship		
Company							Phone	(        )	
Address									
Full Name							Relationship		
Company							Phone	(        )	
Address									

**PREVIOUS EMPLOYMENT**

Current Occupation / Title		Self Employed	___ Yes ___ No
Company		Business Phone # (     )	
Address			
Length of Employment		Reason for Leaving	
Prior Professional Experience – brief description			

**ADDITIONAL INFORMATION**

HOW DID YOU HEAR ABOUT 'WE' INSURE FLORIDA?


HAVE YOU OWNED YOUR OWN BUSINESS?


WHAT DO YOU BRING TO 'WE' INSURE FLORIDA?


IF YOU WERE SELECTED TO JOIN 'WE' INSURE FLORIDA, WHAT WOULD BE YOUR POTENTIAL OPENING DAY OF YOUR AGENCY?


WHAT IS YOUR PRIMARY INTEREST IN JOINING THE 'WE' TEAM?

\_\_\_ FRANCHISE OPPORTUNITY \_\_\_ TERRITORY MANAGER \_\_\_ AGENCY OWNER \_\_\_ ASSOCIATE AGENT


WHAT SHOULD 'WE' KNOW ABOUT YOU?


**BACKGROUND**

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE? IF YES, EXPLAIN:

HAVE YOU EVER BEEN PARTY TO ANY LAWSUIT? IF YES, EXPLAIN:

HAVE YOU EVER FILED FOR BANKRUPTCY? IF YES, EXPLAIN:

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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Please fax or email your application to:  
(904) 288-8979  
chris@weinsurefl.com

