

## AGENT APPLICATION INSTRUCTIONS

1. Print job application.
2. Complete your application-Please print or type.
3. Be sure to sign your application.
4. Send a copy of your driver's license and any current state insurance licenses along with your application.
5. If you currently hold a Bail/Recovery license and are seeking a New General Agent, Please enclose a copy of your current license.
6. Mail completed application to:

American Western Bonding Co, Inc.

331 E. 4<sup>th</sup> St.

Carthage, MO 64836

Or

Fax: 417-358-8813 or preferably email applications  
and current driver's license to :

[awbond@sbcglobal.net](mailto:awbond@sbcglobal.net)

# AMERICAN WESTERN BONDING CO., INC.

331 East 4th Street

Carthage, MO 64836

417-358-8387

## BAIL AGENCY APPLICATION

### Personal Information (Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Cel Number(\_\_\_\_) \_\_\_\_\_

### Position Information (Please Print)

Position Applied For: \_\_\_\_\_

Do you have any experience in the bail bond business? \_\_\_\_\_

If so, when and how long? \_\_\_\_\_

License Number: \_\_\_\_\_

### Education (Please Print)

| School | Area of Study | Degree or Number of Years |
|--------|---------------|---------------------------|
|        |               |                           |
|        |               |                           |
|        |               |                           |
|        |               |                           |

### Achievements (Please Print)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment History (Please Print) List Current First

Current: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Start and End Dates From \_\_\_\_\_ To \_\_\_\_\_

Employment History (Please Print)

Previous: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Start and End Dates From \_\_\_\_\_ To \_\_\_\_\_

Employment History (Please Print)

Previous: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Start and End Dates From \_\_\_\_\_ To \_\_\_\_\_

Employment History (Please Print)

Previous: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Start and End Dates From \_\_\_\_\_ To \_\_\_\_\_

Employment History (Please Print)

Previous: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Start and End Dates From \_\_\_\_\_ To \_\_\_\_\_

References (Please Print)

| Name  | Relationship to Applicant | Phone Number | Years Known |
|-------|---------------------------|--------------|-------------|
| _____ | _____                     | _____        | _____       |
| _____ | _____                     | _____        | _____       |
| _____ | _____                     | _____        | _____       |

Other Information (Please Print)

Have you ever been arrested? \_\_\_\_\_ For what? \_\_\_\_\_

Were you ever convicted of this (these) crimes? \_\_\_\_\_ Felony Convictions? \_\_\_\_\_

Give Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact

| Name | Relationship to Applicant | Phone Number |
|------|---------------------------|--------------|
|------|---------------------------|--------------|

|          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
|----------|-------|-------|

|          |       |       |
|----------|-------|-------|
| 2. _____ | _____ | _____ |
|----------|-------|-------|

|          |       |       |
|----------|-------|-------|
| 3. _____ | _____ | _____ |
|----------|-------|-------|

Acknowledgement (Please Read Carefully)

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true to the best of my knowledge and agree to have any of the statements checked by American Western Bonding Co., Inc. unless I have indicated to the contrary. I authorize the references listed in this application to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by American Western Bonding Co., Inc. or any of it's agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I enter into a contractual agreement, termination of the contract.

Attachments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

CONSUMER CREDIT AND BACKGROUND REPORT RELEASE FORM

PLEASE READ CAREFULLY

By my signature below I authorize American Western Bonding Co., Inc. to obtain a Consumer Credit Report and/ or Background Report on me. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Report Act. (FCRA)

The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutes, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons to release all information they may have about me. This authorization shall be valid in original or copy form.

Applicant's Full Name \_\_\_\_\_

Please print other names you have used \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number(\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\*EVERY APPLICANT MUST PROVIDE A COPY OF THEIR  
DRIVER'S LICENSE WITH THEIR APPLICATION!**