CSR Academy
Application for Acceptance

School:
Contact:

Personal Information:

Name:				Social Security #:	
Address:					
City:					
State:		Zip:		E-Mail Address:	
Home Phone:				Work Phone:	

Education History

Dates Attended:	School/Program	Address, Telephone/ Contact:	Course of Study:

Employment History

Dates Employed:	Employer	Address/ Telephone:	Supervisor

References

Name:	Relationship:	Address/ Telephone

Non-Employment Activities

Please describe your non-employment activities including hobbies, etc.:

Narrative on Reasons for Acceptance

Please describe in your own words why you are seeking admission into the **CSR Academy** program (please use an extra page if necessary):

Insurance CSR Licensing Information

Have you ever made application or been licensed (including a temporary license) in Oklahoma to transact any form of insurance? ☐ Yes ☐ No

If Yes, when _____ Type and No. of License _____

Have you ever been convicted of, pled guilty or nolo contendre to *(Ref. 36 O.S. Section 1428.7):*	**Yes**	**No**
• A felony?	☐	☐
• A misdemeanor involving moral turpitude or dishonesty?	☐	☐
• Any offense involving misappropriation of money or assets?	☐	☐
• Violating any laws for acts arising out of any insurance transactions?	☐	☐

If you answer Yes to any of the above, please submit details on a separate sheet.

Non-Discrimination Training and Employment Statements

The CSR Academy does no discriminate in its programs, services and employment practices on the basis of race, color, national origin, sex, disability, age or veteran status. Inquiries concerning this statement may be directed to the CSR Academy at 405.840.4426 or 800.324.4426, 1000 N.W. 50th Street, Oklahoma city, Oklahoma 73118.

If an employer determines that specific competencies identified on a graduate's transcripts are lacking, the employer may contact the local CSR Academy for further training options.

Acceptance into the CSR Academy entitles the participants to the services provided by the CSR Academy and does not guarantee or imply employment upon completion of the program.

Student Signature:		Date Completed:	
* Parent's Signature:		Date Completed:	

**** Parent's signature is required if the applicant is less than 18 years of age.***

For CSR Academy Use Only:

CSR ACADEMY
WORK-BASED LEARNING EXPERIENCE
MEMORANDUM OF TRAINING

STUDENT RESPONSIBILITIES

1. Student will work minimum of 10 hours or maximum of 30 hours per week in addition to class work to receive course credit.
2. Student agrees to and must abide by rules and regulations of employer.
3. Student must not terminate employment without instructor's approval. Failure to comply will be loss of course credit.

INSTRUCTOR/COORDINATOR RESPONSIBILITIES

1. To provide approved work-site and training to meet requirements for career objectives.
2. To monitor student's progress through work-site visits and telephone contact with the work-site supervisor.
3. To provide additional training, if needed.

WORK-SITE SPONSOR (EMPLOYER)

1. To employ the above student as arranged and will provide training which will help the student realize his/her occupational objective according to the training plan.
2. To assist the instructor by providing pertinent information which will assure the successful progress of the student.
3. Schedule of compensation shall be mutually agreed upon by the work-site sponsor and the student.

PARENT (HIGH SCHOOL PARTICIPANT ONLY)

1. The parent will assume full responsibility for the student's personal conduct while on the job.

   THIS STATEMENT RELEASES _____ (SCHOOL) FROM ANY AND ALL WORKMEN'S COMPENSATION LIABILITY REGARDING THE ON-THE-JOB TRAINING OF STUDENT. THIS AGREEMENT COVERS EN ROUTE, TO AND FROM, AND ALSO COVERS THE WORKING TIME SLOT ASSIGNED TO THE STUDENT.
2. The student agrees to abide by all the rules and regulations set forth by the instructor and work-site sponsor (employer).
3. The parent will ensure transportation to and from the worksite is provided.

WE UNDERSTAND, INDICATED BY AFFIXING OF OUR SIGNATURES, THAT WE HAVE READ AND AGREE WITH THE PURPOSE OF INTENT OF THIS "MEMORANDUM OF TRAINING"

_____	_____
WORK-SITE SPONSOR (EMPLOYER	STUDENT
_____	_____
PARENT OR GUARDIAN (High School Participant Only)	HIGH SCHOOL PRINCIPAL (High School Participant Only)
_____	_____
INSTRUCTOR	ADULT OR SECONDARY DIRECTOR

CSR ACADEMY
WORK-BASED LEARNING EXPERIENCE
TRAINING PLAN

STUDENT: _____

BUSINESS: _____ POSITION: _____

START DATE: _____ END DATE: _____

WORK SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

OBJECTIVES TO BE ACCOMPLISHED:

ASSIGNMENT OR TASK DESCRIPTION	IMMEDIATE SUPERVISOR	PROJECTED COMPLETION DATE OR ASSIGNMENT DEADLINE	RATING 1—Excellent 2—Good 3—Average 4—Fair 5—Poor

CSR ACADEMY
WORK-BASED LEARNING EXPERIENCE
COORDINATION RECORD

STUDENT INFORMATION:

Name: _____

Address: _____

Phone: _____

SS#: _____ DOB: _____

Memorandum of Training approved:? YES _____ NO _____

Training Plan prepared:? YES _____ NO _____

(High School Only)

Parent: _____

Daytime Phone: _____

Work Permit on File?: YES _____ NO _____

WORK-SITE INFORMATION:

Name: _____ Supervisor: _____

Address: _____

Phone: _____ Best Time to Visit: _____

WORK SCHEDULE						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

ON-SITE VISITATION LOG			
Date:	Time:	Date:	Time:
Date:	Time:	Date:	Time:
Date:	Time:	Date:	Time:

CSR ACADEMY
WORK-BASED LEARNING EXPERIENCE
EMPLOYER EVALUATION

STUDENT: _____

POSITION: _____ EVALUATION DATE: _____

START DATE: _____ END DATE: _____

INSTRUCTIONS: In the following, please an (X) in the blank which best describes the student's performance in the following areas. Make specific comments in the space provided as appropriate.

1. QUALITY OF WORK (consider neatness, accuracy, and efficiency) ____Makes to many errors ____Not very accurate ____Is average ____Seldom makes errors ____Is extremely accurate	COMMENTS:
2. QUANTITY OF WORK (consider quantity and promptness) ____Is too slow ____Produces at minimally acceptable levels ____Perform with average output ____Performs with good output ____Exceptionally high output	COMMENTS:
3. ATTENDANCE (consider absenteeism and tardiness) ____Frequently absent or late for work ____Below average attendance and promptness ____Usually reports on time ____Very prompt and regular for work ____Extremely prompt and regular for work	COMMENTS:

INSTRUCTIONS: In the following, rate the student. Make specific comments in the space provided as appropriate.

RATINGS
1—Excellent, 2—Good, 3—Average, 4—Fair, 5—Poor

ATTRIBUTE	RATING	COMMENTS
1. Appearance		
2. Attitude concerning work		
3. Attitude concerning others		
4. Ability to perform assigned tasks		
5. Responsibility		
6. Dependability		
7. Initiative		

INSTRUCTIONS: In the following, circle the appropriate response which best describes the student's performance in the following areas. Make specific comments in the space provided as appropriate.

1. Does the student display an appropriate level of comprehension of the assigned tasks?

   YES NO COMMENTS: _____
   _____

2. Did the student develop a good rapport with coworkers?
   YES NO COMMENTS: _____
   _____

3. Does the attitudes/actions of the student indicate an appropriate interest in this type of work?
   YES NO COMMENTS: _____
   _____

4. ADDITIONAL COMMENTS:
   _____
   _____

Evaluated by: _____ Date: _____

Reviewed by: _____ Date: _____

CSR ACADEMY
PARTICIPANT SATISFACTION SURVEY

INSTRUCTIONS: Place an (X) in the blank provided for each component you completed while in the CSR Academy.

____Core Business Skills	____Core Business Skills Examination
____Intro to Property and Casualty	____Intro to Property and Casualty Examination
____Agent Licensing Preparation	____Agent License Examination
____CSR Appointment Process	
____Specialized CISR Curriculum	____CISR Designation Examinations
____Specialized LOMA Curriculum	____ACS Designation Examinations

INSTRUCTIONS: For each item, place an (X) in the blank that apply to you.

I am:	____high school	____postsecondary
I attended classes:	____full-time	____part-time
I completed the licensing and appointment process:	____ Yes	____No
I completed the CISR designation	____Yes	____No
I completed the ACS designation	____Yes	____No
I am working in an insurance related position:	____Yes	____No

INSTRUCTIONS: For the presenters, rate the following characteristics on a scale of 1 to 10:
1-3 Poor, 4-6 Fair, 7-8 Good, and 9-10 Excellent

____ Preparation
____ Organization
____ Knowledge in the subject area
____ Communication of knowledge
____ Completed outlined material

INSTRUCTIONS: For each item, place an (X) in the blank that best expresses your overall assessment of the CSR Academy experience.

1. The content was
____too advanced
____too basic
____about right

2. The time in classes was
____very beneficial
____beneficial
____not beneficial

3. My expectations were met.
____Yes
____No

4. I will recommend the CSR Academy.
____Yes
____No