

APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

General

NAME _____

ADDRESS _____

TELEPHONE (_____) _____ SOCIAL SECURITY # _____

DATE AVAILABLE FOR EMPLOYMENT _____

If employed and under 18, can you furnish a work permit? Yes No

Have you ever been employed by this company? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

If yes, give name: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Type of work desired: _____

If applying for a position where driving is required, do you have a valid driver's license in this state? Yes No

License # _____

Can you perform the essential functions of the job(s) for which you are applying? Yes No

Are you available to work FULL-TIME PART-TIME OVER-TIME

Have you been convicted of a felony? Yes No

(Please note that a "Yes" answer will not bar you from consideration for employment.)

If yes, please explain: _____

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

Education

	Elementary	Secondary	College	Graduate
School Name & Address	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study	_____	_____	_____	_____

Special Skills, Qualifications and Considerations:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

References:

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience:

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)

Your Salary: Starting/Ending _____ Duties _____

What did you like most about your job? _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)
Your Salary: Starting/Ending _____ Duties _____

What did you like most about your job? _____

Reason for Leaving _____

.....

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)
Your Salary: Starting/Ending _____ Duties _____

What did you like most about your job? _____

Reason for Leaving _____

.....

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)
Your Salary: Starting/Ending _____ Duties _____

What did you like most about your job? _____

Reason for Leaving _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize THE COMPANY to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of THE COMPANY as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of THE COMPANY or at my option, without notice, at any time and for any reason.*

I also understand that no representative of THE COMPANY has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of THE COMPANY.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

(Retain for THE COMPANY'S employment files.)

**SAMPLE
FORM**

Federated Insurance Companies provide this information as a service to our policyholders and their business advisors. The material provided is intended to be general in nature, and may not apply in your state. Information provided may present recommendations, suggestions, or ideas that are not applicable to the unique conditions and operations of your business. The advice of independent legal or other business advisors should be obtained in developing forms and procedures for your business.