

Application for Employment

Date _____

Personal Information

Name-Last	First	Middle	SSN
/			
Current Address	City	State	Zip Telephone Number
/ / / /			
Position Applying for:	Expected Salary	Date Available	Email Address
/ / / /			

Work Experience

List all present and previous employment for the past 10 years including Military, volunteer, or self employment starting with the most recent employer. Please provide additional information on a separate sheet of paper.

Dates of Service from ____ / ____ / ____ to ____ / ____ / ____ Current/Ending Salary _____

Company Name and Address

Supervisor's Name / Title / Telephone Number

Job Title and Duties

Reason for Leaving

Dates of Service from ____ / ____ / ____ to ____ / ____ / ____ Ending Salary _____

Company Name and Address

Supervisor's Name / Title / Telephone Number

Job Title and Duties

Reason for Leaving

Dates of Service from ____ / ____ / ____ to ____ / ____ / ____ Ending Salary _____

Company Name and Address

Supervisor's Name / Title / Telephone Number

Job Title and Duties

Reason for Leaving

Educational Background

Level of Education	School Name and Location	Degree	# of Years Completed	Did You Graduate?
High School				
Junior College				
College or University				
Graduate School				
Trade or Technical School				
Special Skills or Training				

List any other experience, skills, licenses, languages spoken, or other qualifications which you believe should be considered in evaluating your qualifications for employment: _____

Professional References

Please list the names of three (3) professional references, their titles, their telephone numbers, and their email addresses.

Name	Title/Occupation	Telephone Number/Email Address
1		
2		
3		

Can you travel if required by job? ___ yes ___ no Would you be willing to relocate? ___ yes ___ no

If driving is required in the job for which you are applying:

Drivers License number: _____ State _____ Expiration Date _____

Are you currently employed? ___ yes ___ no May we contact your current employer? ___ yes ___ no

Other name(s) by which employment may be verified? _____

Are you legally eligible to be employed in the United States? ___ yes ___ no

Do you have any relatives presently employed with Midwest Employers Casualty Company? ___ yes ___ no

If yes, what is the name and relationship of the relative? _____

Referral Source: ___ Ad ___ Friend/Relative ___ Employment Agency ___ Internet/On-line ___ Other: _____

Have you ever been convicted with or without a trial of, pleaded guilty or no contest to, or otherwise been found to have committed a felony or misdemeanor other than a traffic violation? If "yes," please explain:

(Note: A conviction will not necessarily disqualify an applicant; however, if you are subject to a statutory disqualification, as determined by regulatory authorities, Midwest Employers Casualty Company will not employ you.)

Have you ever been discharged from any employment or asked to resign? _____ yes _____no

If Yes please explain: _____

APPLICANT STATEMENT

I certify that all answers I have given are correct, accurate, and complete. I understand that the falsification, misrepresentation, or omission of fact on this application (and any other accompanying or required documents) will be just cause for denial of employment or grounds for immediate termination of employment regardless of the timing or circumstances of discovery.

As part of our procedure for processing your employment application, your personal and employment references will be checked. I hereby authorize Midwest Employers Casualty Company to investigate all of my references concerning my education and former employment, including but not limited to any person, agency, or company concerning my ability, character, reputation, and previous employment records. I release all such persons supplying information from any liability or damages on account of furnishing such information. I acknowledge that any offer of employment is contingent on the satisfactory completion of such investigation.

I hereby acknowledge, understand, and agree that if my application is accepted, my employment relationship with Midwest Employers Casualty Company is an "at-will" arrangement, which I understand to mean that I am free, as Midwest Employers Casualty Company is, to terminate the employment relationship at any time, for any reason, with or without cause, as long as there is no violation of applicable federal or state law. It is further understood that this "at-will" relationship may not be changed by written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. In the event that I am hired, I am required to abide by all rules and policies of Midwest Employers Casualty Company.

Midwest Employers Casualty Company is committed to the principals of Equal Employment Opportunity and Affirmative Action; we prohibit all discrimination in employment and consider applicants for all positions on the basis of qualification without regard to race, color, religion, gender, national origin, age, veteran status, disability, and any other legally protected status under local, state, or federal laws.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

By signing below, I acknowledge that I have read, understood, and agree to the above statements.

Signature _____ Date _____
