NOTE: This publication is not a part of your policy. The information contained in this publication is provided for informational purposes only and does not attempt to identify all potential hazards or remedial actions. The information provided is only to assist you in your compliance and loss control efforts. FCCI Insurance Group* shall not be liable for any loss, death, damage or expense arising out of the use of the suggested loss control measures. FCCI Insurance Group* makes no representations and provides no legal advice regarding federal or state requirements. There may be additional federal and state requirements with which you are required to comply that are not contained in this material. You are solely responsible for complying with federal and state laws, including compliance with any changes in the law, and for the safety of your operations. If you have question or concerns regarding legal compliance please consult your legal adviser.

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SAMPLE APPLICATION FOR EMPLOYMENT

(Valid only for 90 days)

Position(s) Applied For _____ Salary Required _____

Please answer all questions. Resumés are not accepted in lieu of completion of this application.
Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking; however, we ask that you answer all questions.

_____
LAST NAME (PLEASE PRINT OR TYPE) FIRST MIDDLE DATE

_____
PRESENT ADDRESS: STREET CITY/STATE ZIP CODE TELEPHONE NUMBER

Are you a U.S. Citizen, U.S. national, lawful permanent resident, lawful temporary resident or applicant therefore, asylee, or refugee? (The term "lawful temporary resident" does not refer to non-immigrants holding short-term Visas issued by the U.S. Consulates abroad, such as B, F, or H-1B Visas.) ☐ Yes ☐ No

If **No,** please state your current non-immigrant status: _____

If **No,** please also provide the date when this status expires, if any: _____

Have you been convicted of any crime? ☐ Yes ☐ No

If **Yes**, give dates and explain. (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment. _____

Are you over 18 years of age? ☐ Yes ☐ No If **No**, please state your age for child labor purposes. _____

EDUCATIONAL DATA

School	Print or Type Name, Number, Street Address, City, State, and Zip Code of Each School	No. of Years Completed	Degree	Major Course of Study
High School			☐ Diploma or ☐ GED	
College				
Graduate School				
Trade, Business, Night or Correspondence				
Other, Specialized Training				

Other Skills: List any other job-related skills, qualifications, honors received, or licenses that support your application.

_____

_____

_____

Membership in organization/professional groups that, in your opinion, have a direct bearing on the position you are seeking.

_____

_____

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EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military experience. If known by any other name, please indicate.

1.	**EMPLOYER**		**FROM**	**TO**	**WORK PERFORMED**
	ADDRESS				
	JOB TITLE		**SALARY**		
			START	**FINAL**	
	SUPERVISOR	**CONTACT PHONE NUMBER**			
	REASON FOR LEAVING				
	May we make inquiries of this employer? ☐ Yes ☐ No				
2.	**EMPLOYER**		**FROM**	**TO**	**WORK PERFORMED**
	ADDRESS				
	JOB TITLE		**SALARY**		
			START	**FINAL**	
	SUPERVISOR	**CONTACT PHONE NUMBER**			
	REASON FOR LEAVING				
	May we make inquiries of this employer? ☐ Yes ☐ No				
3.	**EMPLOYER**		**FROM**	**TO**	**WORK PERFORMED**
	ADDRESS				
	JOB TITLE		**SALARY**		
			START	**FINAL**	
	SUPERVISOR	**CONTACT PHONE NUMBER**			
	REASON FOR LEAVING				
	May we make inquiries of this employer? ☐ Yes ☐ No				
4.	**EMPLOYER**		**FROM**	**TO**	**WORK PERFORMED**
	ADDRESS				
	JOB TITLE		**SALARY**		
			START	**FINAL**	
	SUPERVISOR	**CONTACT PHONE NUMBER**			
	REASON FOR LEAVING				
	May we make inquiries of this employer? ☐ Yes ☐ No				

SAMPLE

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Have you been dismissed or forced to resign from any employment? ☐ Yes ☐ No If **Yes**, please explain.

_____

Are you now employed? ☐ Yes ☐ No Are you on layoff and subject to recall? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No Previous employers? ☐ Yes ☐ No

Please identify any exceptions and reasons for not contacting prior employers:

_____

Are there any hours, shifts, or days you will not work? ☐ Yes ☐ No If **Yes**, please explain.

_____

Will you work overtime if asked? ☐ Yes ☐ No

Do you have any friends or relatives who work here? ☐ Yes ☐ No

Name _____ Relationship _____

Name _____ Relationship _____

List below any other information or remarks that you wish to have considered as a part of your application for employment.

_____

_____

_____

_____

How did you learn about career opportunities at _____ ? (check all that apply)

☐ Referral _____ (NAME OF PERSON WHO REFERRED YOU)

☐ Newspaper _____ (NAME OF NEWSPAPER)

☐ Radio _____ (NAME OF RADIO STATION)

☐ Internet _____ (WEBSITE)

☐ Temporary Service _____ (NAME OF SERVICE)

☐ Employment Agency _____ (NAME OF AGENCY)

☐ Other _____ (PLEASE EXPLAIN)

Have you been interviewed here before? ☐ Yes ☐ No If **Yes**, give date: _____

Have you ever been employed here before? ☐ Yes ☐ No If **Yes**, give dates: _____

Other name(s) used: _____

Date available to start employment: _____

SAMPLE

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NOTICE TO APPLICANTS

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. _____(Applicant's initials)

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the company with or without notice to me of such amendment, modification, or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of the company with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the company's president. _____(Applicant's initials)

I certify that all information given on this employment application; any resume that I submit to the company; and any related papers and answers given during oral interviews are true and correct. I understand the company will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. _____(Applicant's initials)

APPLICANT'S SIGNATURE	(PLEASE PRINT OR TYPE NAME)	DATE

SAMPLE