



We've got you **covered.**

## EMPLOYMENT APPLICATION

**INSTRUCTIONS TO APPLICANT:** Please answer all questions and sign. You must fully and accurately complete this employment application. Incomplete applications will not be considered.

When completing, do not identify race, color, gender, age, national origin, citizenship, religion or provide any extraneous information.

Applications are considered active only for 30 days. Submission/receipt of an application does not mean that the company currently has a job position available.

The company will consider all applicants without discrimination on any basis prohibited by law and is an equal employment opportunity employer.

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

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

Phone: \_\_\_\_\_

Please provide your most recent previous address

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

If you are hired, you must supply proof of your age.

Have you ever worked for the company before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving. \_\_\_\_\_

Name of last supervisor at the company? \_\_\_\_\_

Have you ever applied for work with the company before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

### 2. KIND OF WORK DESIRED

What kind of work are you seeking? \_\_\_\_\_

Date you can begin work: \_\_\_\_\_

How were you referred to the Company?

- Employment Agency
- Newspaper Advertisement
- Employee - List Name \_\_\_\_\_
- Friend
- State Employment Office
- Walked In
- Other

Certain Jobs may require working overtime and on weekends. Are you available for such hours of work? (Answering "No" to this question does not mean you will be ineligible for employment) Yes\_\_\_\_ No\_\_\_\_

**3. EMPLOYMENT HISTORY**

**Last Employer**

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving or desiring change: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Describe duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous Employer**

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving or desiring change: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Describe duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**4. Education**

High School \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Other schools attended:

\_\_\_\_\_

Dates of attendance \_\_\_\_\_ to \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you receive a degree? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Area of study/type of degree? \_\_\_\_\_

Name	City	State
Dates of attendance _____ to _____		
Did you receive a degree? Yes _____ No _____ When? _____		
Area of study/type of degree? _____		

**5. OTHER BACKGROUND**

During any period of employment with the company, will you work for another employer or do you intend to seek additional work elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe below the three most important things to you about the place you work.

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**6. REFERENCES**

Identify three persons not related to you that you have known for at least one year.

Name	Address/Phone	Years Acquainted
Name	Address/Phone	Years Acquainted
Name	Address/Phone	Years Acquainted

**READ BEFORE SIGNING**

I certify that the information on this application is complete, true and correct to the best of my knowledge. I understand that omission or misrepresentation of facts may be grounds for rejection of this application or for dismissal from employment as subsequently discovered.

I authorize investigation of all statements contained herein and of the references listed above to give you any and all pertinent information, personal or otherwise. I release all parties from liability or any damage that may result from furnishing the same to you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CANDIDATE'S AUTHORIZATION FOR CHECK OF DRIVING RECORD**

I hereby authorize \_\_\_\_\_, the Company, to provide Cincinnati Insurance Company (CIC) with a copy of my driver's license or my driver's license information for the purpose of determining eligibility for inclusion for coverage in the Company policy which insures risk related to operation of motor vehicles.

I understand that CIC will provide to the Company only a positive response (approved) or a negative response (declined) and that CIC will provide no details regarding my driving record to the Company.

I understand that if I wish to obtain the details of the results of the driving records check, such request shall be made to the department of motor vehicles in the licensing state.

I further understand that an approval is not a guarantee of employment. However, if CIC denies approval, I may be ineligible for employment in certain positions within the Company.

\_\_\_\_\_  
(Applicant's Signature) (Date)

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

**For Company Use:**

Place Candidate's Driver's License below and photocopy with signed authorization.  
Submit to Cincinnati Insurance.

Cincinnati Response: Approved \_\_\_\_ Denied \_\_\_\_

Initial and Date \_\_\_\_\_

<p><u>Place Driver's License Here</u></p> <p>In lieu of photocopy, candidate may enter driver's license information below:</p> <p>Name: (as it appears on license)</p> <p>State:</p> <p>Driver's License Number:</p> <p>Expires:</p>
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