

## Application for Employment

*Please Note:* It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

### Name and Address

Name (First, MI, Last): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Job Type

Position Desired: \_\_\_\_\_ Circle one:      Full-time      Part-time

Desired Salary: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Shift available to work:      1<sup>st</sup>      2<sup>nd</sup>      Weekends      Overtime

### Additional Information

How did you hear about Wayne Mutual Insurance Company? \_\_\_\_\_

Have you ever worked for Wayne Mutual Insurance Company before? \_\_\_\_\_

Are you willing to travel? \_\_\_\_\_

Are you willing to relocate? \_\_\_\_\_

Are you interested in continuing education? \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_

Education	Name and location of school	Years Completed	Degree Received	Subject studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

**Work Experience**

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary or resume

Company	Name of Last Supervisor	Hrs/week
Address	City, State and Zip Code	Phone Number
Start Date	End Date	Job Title
Reason for Leaving		

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?                      Yes                      No

**Work Experience**

Company	Name of Last Supervisor	Hrs/week
Address	City, State and Zip Code	Phone Number
Start Date	End Date	Job Title
Reason for Leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact this employer?                      Yes                      No

Company	Name of Last Supervisor	Hrs/week
Address	City, State and Zip Code	Phone Number
Start Date	End Date	Job Title
Reason for Leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact this employer?                      Yes                      No

Any additional information that could help Wayne Mutual Insurance Company evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_

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**References**

Please include name, phone number, and circumstance of your acquaintance. Exclude relatives and former employers.

1.
2.
3.

**Please read carefully before signing:**

Wayne Mutual Insurance Company is an equal opportunity employer. Wayne Mutual Insurance Company does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any part of my consideration for employment establishes any obligation for Wayne Mutual Insurance Company to hire me. If I am hired, I understand that either Wayne Mutual Insurance Company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Wayne Mutual Insurance Company has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Wayne Mutual Insurance Company true and complete information on this application. No requested information has been concealed. I understand that all information on this application is subject to verification. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Wayne Mutual Insurance Company may conduct a criminal background check and/or a pre-employment drug test on all applicants offered a position with the Company.

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Signature

Date