



(Please complete in BLACK INK ONLY)

NOTICE TO APPLICANT: Federal and state law requires that all applications be considered without regard to race, color, creed, ancestry, religion, sex, age, sexual orientation, national origin, disability, veteran status, genetic information or any grounds prohibited by applicable federal, state, or local law. We believe in and fully support the principle of equal employment opportunity and will fulfill our obligation to the fullest.

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Name _____ Date _____

Address _____

City, State, Zip _____ How Long? _____

Telephone No. _____ Email Address _____

Position Applying For _____ Date You Can Start _____

Salary Expected: \$ _____ How Did You Hear of Opening? _____

Full-Time Part- Time If part-time, hours you can work: Mon – Fri _____ Sat – Sun _____

Are you legally eligible for employment in the United States? No Yes If no, please explain:

Have you worked with us before? No Yes If yes, list previous job, title, location, and length of service: _____

What was your reason for leaving? _____

Do you have any relatives working with us? No Yes If yes, name and relationship _____

Have you ever been convicted of a felony? No Yes If yes, please explain _____

List any specialized training or skills (languages, computer experience, military experience, etc.) and education awards.

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Elementary					
	High School					
	Business/Trade/ Technical					
	College					
	Graduate					

Please give accurate, complete employment record. Start with present or most recent employer. If "yes" is checked next to "May we contact," you have given your consent for us to check your references and you agree that you will not hold us responsible for any result of the reference check

E M P L O Y M E N T	Company Name _____	Telephone No. _____
	Address _____	Employed (Month and Year): _____
	Name of Supervisor _____	Pay: Start _____ Last _____
	Job title and describe your work _____	Reason for leaving _____
	_____	_____
		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
H I S T O R Y	Company Name _____	Telephone No. _____
	Address _____	Employed (Month and Year): _____
	Name of Supervisor _____	Pay: Start _____ Last _____
	Job title and describe your work _____	Reason for leaving _____
	_____	_____
		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

E M P L O Y M E N T	Company Name _____	Telephone No. _____
	Address _____	Employed (Month and Year): _____
	Name of supervisor _____	Pay: Start _____ Last _____
	Job title and describe your work _____	Reason for leaving _____
	_____	_____
	_____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
C O N T I N U E D	Company Name _____	Telephone No. _____
	Address _____	Employed (Month and Year): _____
	Name of supervisor _____	Pay: Start _____ Last _____
	Job title and describe your work _____	Reason for leaving _____
	_____	_____
	_____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S SIGNATURE: Please read and understand these statements before signing your application.

The information provided by me in this application for employment is true, correct, and complete. False, incomplete, omitted, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize Mountain West Farm Bureau Insurance to contact and obtain information about me from my previous employers, education institutions, and references I provided (unless the reference is indicated with a "no" above). Mountain West Farm Bureau Insurance is hereby authorized to conduct any investigation of my personal history, including, but not limited to, criminal searches as deemed appropriate, and/or credit and financial records employing investigative or credit agencies or bureaus of Mountain West Farm Bureau Insurance's choice subject to the provisions of the Fair Credit Reporting Act.

I understand and agree that I will be given an initial drug and alcohol test prior to my employment and random drug and alcohol tests may be requested during my employment.

If employed by Mountain West Farm Bureau Insurance, I agree to abide by its rules and regulations. I understand that if I am employed by Mountain West Farm Bureau Insurance, my position is considered at will, which means I may be terminated at any time with or without cause.

I fully understand and accept all terms and conditions in the above statement. This application expires in one (1) year.

Signature _____ Date _____

