

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.

PERSONAL INFORMATION

Name:

Date:

Address:

City, State, Zip:

Length of Residency:

Phone:

Email:

Position applying for:

Date you can start:

How did you hear about the position?

Are you looking for Full-Time or Part-Time? *(please circle)*

If part-time, what hours can you work?

Have you worked with us before? No Yes

If yes, list previous job title & termination date:

What was your reason for leaving?

Do you have any relatives working with us? No Yes

If yes, name and relationship:

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

EDUCATION

Level of Education	School Name & Location	Course of Study	# of Years Completed	Did you graduate?	Degree or Diploma
High School					
Business / Trade / Technical					
College					
Graduate					

EMPLOYMENT HISTORY

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.

Company Name:

Phone:

Address:

Supervisor Name:

Employment Length (MM/YY):

Job title and description of work:

Reason for leaving:

May we contact? No Yes

EMPLOYMENT HISTORY (continued)

Company Name:

Phone:

Address:

Supervisor Name:

Employment Length (MM/YY):

Job title and description of work:

Reason for leaving:

May we contact? No Yes

Company Name:

Phone:

Address:

Supervisor Name:

Employment Length (MM/YY):

Job title and description of work:

Reason for leaving:

May we contact? No Yes

Company Name:

Phone:

Address:

Supervisor Name:

Employment Length (MM/YY):

Job title and description of work:

Reason for leaving:

May we contact? No Yes

APPLICANT SIGNATURE

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 designated with a no). 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 that for cause 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.

By submitting my application, I indicate my full understanding and acceptance of all terms and conditions in the above statement. This application expires in one (1) year.

Signature _____ Date _____