



APPLICATION FOR EMPLOYMENT

DATE:

POSITION(S) APPLYING FOR:

NAME (LAST, FIRST, MIDDLE)

NICKNAME

EMAIL ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE / PHONE NO.

SOCIAL SECURITY NO.

WERE YOU PREVIOUSLY EMPLOYED BY HASTINGS MUTUAL?

()

Yes No If Yes, when?

LIST ANY RELATIVES CURRENTLY WORKING FOR HMIC AND THEIR RELATIONSHIP TO YOU.

WHAT STARTING SALARY DO YOU EXPECT?

\$ per

(This information will only be used for job placement.)

APPLYING FOR:

- Full Time Employment Part Time Employment Summer Employment Co-op Temporary

NOTE: IF HIRED, FEDERAL LAW REQUIRES THAT YOU FURNISH DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES.

Do you have United States citizenship or authorization from the Immigration & Naturalization Service to work in the U.S.? Yes No

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

EDUCATION/TRAINING					
SCHOOL	NAME-ADDRESS-CITY-STATE	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE	MAJOR COURSE OF STUDY
HIGH SCHOOL		9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> G.E.D.	X	
COLLEGE OR UNIVERSITY		1 2 3 4 5 6 7 8	<input type="checkbox"/> YES <input type="checkbox"/> NO		Major:
					Minor:
COLLEGE OR UNIVERSITY		1 2 3 4 5 6 7 8	<input type="checkbox"/> YES <input type="checkbox"/> NO		Major:
					Minor:
TECHNICAL OR VOCATIONAL TRAINING		1 2 3 4 5 6 7 8	<input type="checkbox"/> YES <input type="checkbox"/> NO		Major:
					Minor:

WORK EXPERIENCE

COMPANY NAME

DATES EMPLOYED (MONTH/YEAR)

From: To:

SUPERVISOR'S NAME & TITLE

STREET ADDRESS, CITY, STATE, & ZIP CODE

AREA CODE/PHONE NO.

()

POSITION(S) HELD

Describe the work you did:

REASON FOR LEAVING

SALARY \$

WORK EXPERIENCE CONTINUED

COMPANY NAME

DATES EMPLOYED (MONTH/YEAR)

From:

To:

SUPERVISOR'S NAME & TITLE

STREET ADDRESS, CITY, STATE, & ZIP CODE

AREA CODE/PHONE NO.

()

POSITION(S) HELD

Describe the work you did:

REASON FOR LEAVING

SALARY \$

COMPANY NAME

DATES EMPLOYED (MONTH/YEAR)

From:

To:

SUPERVISOR'S NAME & TITLE

STREET ADDRESS, CITY, STATE, & ZIP CODE

AREA CODE/PHONE NO.

()

POSITION(S) HELD

Describe the work you did:

REASON FOR LEAVING

SALARY \$

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES NO

IF "NO", PLEASE EXPLAIN:

HAVE YOU EVER WORKED UNDER A DIFFERENT NAME? YES NO

IF "YES", LIST NAME(S) WHICH JOBS, AND ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME OR USE OF AN ASSUMED NAME OR NICKNAME TO ENABLE A CHECK ON YOUR WORK RECORD.

TRAINING/EXPERIENCE

CHECK AREAS IN WHICH YOU HAVE HAD TRAINING OR EXPERIENCE:

Typing: ___wpm Transcription (Cassette/Dictaphone)

Personal Computer Data Entry (CRT) Word Spreadsheet Desktop Publishing

JOB SKILLS - Summarize special job-related skills and qualifications acquired from employment or other experience

REFERENCES

List 3 persons, preferably familiar with your professional ability, who may be contacted. **DO NOT** list relatives.

First Name	Initial	Last Name	Occupation	Telephone No.	Years Known
Street Address			City	State	Zip Code
First Name	Initial	Last Name	Occupation	Telephone No.	Years Known
Street Address			City	State	Zip Code
First Name	Initial	Last Name	Occupation	Telephone No.	Years Known
Street Address			City	State	Zip Code

FIELD EMPLOYMENT - Complete this section only if application is for field employment

Drivers License Number _____ Expiration Date _____

Do you have a clear driving record? Yes No If not, with what offenses have you been charged? _____

Any driving accidents in which you were at fault? Yes No Briefly explain: _____

If selected for a field position, are you agreeable to a period of training which may require temporary residency in Hastings? Yes No

AUTHORIZATION TO OBTAIN INFORMATION

DATE: _____

I understand that my driving record will be obtained as part of Hastings Mutual Insurance Company's evaluation of my job application / employment, including an assesment of my insurability under Hastings Mutual Insurance Company's coverages. By signing this disclosure, I authorize Hastings Mutual Insurance Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability.

SIGNATURE OF JOB APPLICANT/EMPLOYEE

PRINTED NAME OF JOB APPLICANT/EMPLOYEE

HASTINGS MUTUAL EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of Hastings Mutual Insurance Company to provide employment opportunity to all applicants without regard to race, color, religion, national origin, age, sex, marital status, military status, disability, height, weight or record of arrest without conviction.

APPLICANT – PLEASE READ CAREFULLY AND SIGN

The information given in this application is to the best of my knowledge true and correct. I understand if I am hired, the decision will be based in part on the information given in this application and I understand that if this information is not completely accurate, I may be discharged for that reason alone.

I authorize Hastings Mutual Insurance Company to investigate my past employment, all relevant records, and statements contained in this application. I release from all liability and responsibility all persons, Companies or Corporations supplying information. I understand information may include a record of disciplinary action assessed by previous employers, and hereby release such parties from any obligation to provide me with written notification of such disclosure.

I acknowledge that no one has made any promise of employment to me, and further, any offer of employment that may be made by the Hastings Mutual Insurance Company would be for an indefinite period, and terminable at will, with or without prior notice, and with or without cause either by the employer or the employee at any time. I also understand and agree that the terms and conditions of my employment may be changed without notice at any time by the Company. I understand that no representative of the Company other than the President has any authority to enter into any contract or agreement contrary to the foregoing and then only if such commitment is in a signed, written document.

I understand that Hastings Mutual Insurance Company requires post offer illegal substance testing as a part of its selection and hiring process. I also understand that such illegal substance testing will consist of taking a hair sample, or any other medically recognized test designed to detect traceable amounts of illegal substances in the body. I further understand that if such testing indicates the presence of illegal substances in my body in any detectable amount, I will be disqualified from further hiring consideration for a period of one (1) year. I provide my consent to Hastings Mutual Insurance Company to administer any or all of the above illegal substance testing procedures to me, and to use the results thereof in determining my employability with the Company. I understand that this is not a contract for employment and that, even if employed, I will remain terminable-at-will and free to resign at any time I wish.

Date _____ Signature _____

Note: Hastings Mutual Insurance Company has a *Smoke Free Work Environment*. **Smoking is prohibited at all times on Company premises or in vehicles parked on Hastings Mutual property.** Thank You for your Cooperation.

FOR OFFICE USE ONLY

REFERRED BY:	DATE:
--------------	-------