



## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us?

- Advertisement       Friend       Walk-In  
 Employment Agency       Relative       Other \_\_\_\_\_

Last Name \_\_\_\_\_ First name \_\_\_\_\_ Middle Int \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever applied with us before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed by us before?  Yes  No If yes, give date \_\_\_\_\_

May we contact your present employer?  Yes  No Can you travel if job requires it?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment*  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No If yes, explain \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Have you ever had any job related training in the United States Military?  Yes  No

If yes, explain \_\_\_\_\_

Education	High School	College
School Name And Location		
Years Completed		
Diploma/Degree		
Describe course study		
Describe any specialized training, apprenticeship, skills and extra curricular activities		
Describe any honors you have reached		

State any additional information you feel may be helpful to us in considering your application \_\_\_\_\_

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Indicate any foreign languages you can speak, read, and/or write \_\_\_\_\_

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List professional, trade, business, or civic activities and offices held. *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:* \_\_\_\_\_

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**References:**

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Special Skills and Qualification: *Summarize special job related skills and qualifications acquired from employment or other experiences:* \_\_\_\_\_

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Employer Name	Address	Telephone Number	Job Title	Supervisor
Reason for Leaving				
Dates Employed	From		To	
Hourly Rate/Salary	Starting		Final	
Work Performed				

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Reason for Leaving				
Dates Employed	From		To	
Hourly Rate/Salary	Starting		Final	
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Dates Employed	From		To	
Hourly Rate/Salary	Starting		Final	
Work Performed				

I certify that answers given herein are true and complete to best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is on an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in termination, I understand, also, that I am required to abide by all rules and regulations of employer.

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Signature of Applicant

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Date

## **HEALTH RECORD**

Please list any health or physical ailments you might have, such as: (Hernia, back trouble, illness associated with chemicals, arthritis, hearing loss, dizziness, or epilepsy)

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Have you ever been injured on the job or had a job related illness?    Yes    No   If yes, explain:

Nature of injury or illness	Employer at time	Year	Cause

### **TO BE COMPLETED BY VEHICLE DRIVER**

What type of driver's license do you have? \_\_\_\_\_

License number and expiration date: \_\_\_\_\_

State issued in: \_\_\_\_\_

Any Restrictions: If yes, explain \_\_\_\_\_



## Driver Insurability Request Form

Please call us at 1-800-335-4687 to use our Driver Insurability Service. You will be informed if the person is insurable to drive vehicles. Federated cannot provide you a copy of the MVR but see reverse side for important information which includes MVR options.

Prospective Employee       Employee

Last	First	Middle Initial	Date of Birth	State of License	Driver's License #			
<b>Relationship to Named Insured*</b>			1	2	3	4	5	6
CHECK THE APPROPRIATE BOX FOR EACH QUESTION:							Yes	No
Have you ever been denied a driver's license or had one suspended or revoked?							<input type="checkbox"/>	<input type="checkbox"/>
Have you had any violations in the past 3 years?							<input type="checkbox"/>	<input type="checkbox"/>
Have you had any auto accidents in the past 3 years?							<input type="checkbox"/>	<input type="checkbox"/>
IF THE ANSWER TO ANY QUESTION WAS "YES", please explain (give dates of violations and/or accidents) _____								
DRIVER – I affirm that the statements made above are stated truthfully and without reservation.								
Signed this _____ day of _____, _____ Driver Signature _____								

\*Please show Relationship to Named Insured, as indicated below, by circling the corresponding number above.

- |  |  |
|--|--|
| 1. Owner, (owner, partner, officer, director)    | 4. Driver or salesperson   |
| 2. Owner's family member (spouse, dependent)     | 5. All other-frequent use (not shown in 1-4 but often drives)    |
| 3. Heavy truck driver (2 ton trucks and heavier) | 6. All other-infrequent use (not shown in 1-4 but rarely drives) |

<b>OFFICE USE ONLY - TO BE COMPLETED BY FEDERATED</b>		
<input type="checkbox"/> Insurable for driving vehicles		
<input type="checkbox"/> Exceeds standards/uninsurable for driving vehicles		
<input type="checkbox"/> Probationary – any more convictions or at-fault accidents change this driver to exceeds standards/uninsurable.		
Comments _____		
_____		
_____	_____	_____
MVR Reviewer Name	CST/Dept	Date