



APPLICATION FOR EMPLOYMENT

Tuscarora Wayne Insurance Company provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE NUMBER _____ EMAIL _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? [] YES [] NO

ARE YOU 18 YEARS OR OLDER [] YES [] NO

HAVE YOU BEEN CONVICTED OF OR PLED GUILTY TO A FELONY OTHER THAN A MINOR TRAFFIC VIOLATION? [] YES [] NO
(Conviction will not necessarily disqualify applicant from employment.)

IF YES, STATE THE NATURE OF THE CONVICTION OR PLEA, THE DATE, AND EXPLAIN:

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY EXPECTED: _____

ARE YOU AVAILABLE TO WORK [] FULL TIME [] PART TIME [] TEMPORARY [] OVERTIME

LIST ANY DAYS AND TIMES YOU ARE NOT AVAILABLE FOR WORK: _____

ARE YOU ON LAYOFF AND SUBJECT TO RECALL AT ANOTHER EMPLOYER? [] YES [] NO

WHY DID YOU APPLY FOR A POSITION AT TUSCARORA WAYNE INSURANCE COMPANY?

REFERRED BY: _____

EDUCATION

Name /Location Of School	Number Years Completed	Did You Graduate	Courses Pursued/ Degrees Granted
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ELEMENTARY SCHOOL:

HIGH SCHOOL/GED:

COLLEGE OR
UNIVERSITY:

TRADE, BUSINESS OR
TECHNICAL SCHOOL:

CORRESPONDENCE
SCHOOL /COLLEGE:

JOB RELATED SKILLS:

JOB-RELATED CERTIFICATIONS/PROFESSIONAL MEMBERSHIPS:

WHY DO YOU THINK YOU WOULD MAKE A VALUABLE EMPLOYEE OF TUSCARORA WAYNE INSURANCE COMPANY?

WORK EXPERIENCE

FORMER EMPLOYERS (LIST BELOW FORMER EMPLOYERS, STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	HOURLY RATE/ SALARY	JOB TITLE	IMMEDIATE SUPERVISOR	TELEPHONE
FROM					
TO					
FROM					
TO					
FROM					
TO					

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO

IF NO, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT AND STATE REASON WHY.

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A POSITION? YES NO

IF YES, PLEASE STATE THE EMPLOYER AND DATES OF EMPLOYMENT

WHICH FORMER POSITION DID YOU LIKE BEST & WHY?

WHICH FORMER POSITION DID YOU LIKE LEAST & WHY?

REFERENCES: GIVE THE NAMES OF THREE PERSONS WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

NAME	PHONE NUMBER	RELATIONSHIP
1.		
2.		
3.		

APPLICANT'S STATEMENT

(Please indicate that you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.)

Initials

- ___ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading or omitted information in my application may result in discharge.
- ___ I hereby release all parties, including but not limited to Tuscarora Wayne Insurance Company, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action Tuscarora Wayne Insurance Company takes on the basis of such information.
- ___ I understand that, if I am offered a job, as a condition of beginning my employment, I will be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with the examination and related considerations.
- ___ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.
- ___ I understand that Tuscarora Wayne Insurance Company is an at-will employer and this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by Tuscarora Wayne Insurance Company. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that Tuscarora Wayne Insurance Company has the right to modify, amend or terminate policies, practices, benefit plans or other programs within the limits and requirements imposed by law. I understand that no representative of Tuscarora Wayne Insurance Company, other than the Tuscarora Wayne Board of Directors, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.
- ___ I understand that, upon employment, I will sign an agreement relating to confidential information, if required.

Signature of Applicant

Date