

CAMERON MUTUAL INSURANCE COMPANY
EMPLOYMENT APPLICATION

DATE _____

LAST NAME (Please Print)

FIRST NAME

MIDDLE NAME

Address (Street/Apt No.)

City

State

Zip Code

BEST TELEPHONE NUMBER TO REACH YOU

EMAIL ADDRESS

If hired, can you provide the documents required to prove that you are authorized to work in the U. S.? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you 18 years of age or older? Yes No

Have you ever filed an application with us before? Yes No If yes, provide date _____

Have you ever been employed with us before? Yes No If yes, provide date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Type of work desired _____

Desired pay _____

How were you referred to our organization? _____

Do you have friends or relatives who are employed by this organization? Yes No

Please specify _____

Is there any information we would need about your name or use of another name for us to be able to check your work record? Yes No If yes, please specify _____

On what date would you be available for work? _____

Are you available to work: Full time Part time Temporary Summer

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

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant from employment. If yes, please explain:

EDUCATION

Name & Location
of School

Year Graduated or
Semesters Completed

Major

Diploma/Degree

High School

XXXXXXX

XXXX

College/University

College/University

Other training/Education

Please list any additional information that relates to your ability to perform the job for which you have applied – such as licenses, professional memberships, hobbies, etc.

WORK HISTORY

Most recent employer

Address

Telephone

Date started

Starting salary

Starting position

Date left

Salary on leaving

Position on leaving

Name and Title of Supervisor

Description of Duties

Reasons for leaving

Previous employer

Address

Telephone

Date started

Starting salary

Starting position

Date left

Salary on leaving

Position on leaving

Name and Title of Supervisor

Description of Duties

Reasons for leaving

| | | |
|------------------------------|-------------------|---------------------|
| Previous employer | Address | Telephone |
| Date started | Starting salary | Starting position |
| Date left | Salary on leaving | Position on leaving |
| Name and Title of Supervisor | | |
| Description of Duties | | Reasons for leaving |

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract for employment. I understand that to be employed I must be lawfully authorized to work in the United States and I must show the employer documents that will prove this.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant's Signature: _____ Date _____