



INSURANCE GROUP

The National Mutual Insurance Company,  
employer for Celina Insurance Group

# Application for Employment

Date of Application: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Referral source:  Advertisement  Friend  Relative  Walk-in  Employment Agency  Internet

Name of person referring (if applicable): \_\_\_\_\_

Name: (LAST, FIRST, MIDDLE) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**If this has been your primary address for less than 3 years, please list previous address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Mobile: (     ) \_\_\_\_\_

Primary email address: \_\_\_\_\_

If employed and under 18, can you furnish a work permit? .....  Yes  No

Have you filed an application here before? .....  Yes  No

If yes, give: Date: \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If yes, give: Date: \_\_\_\_\_ Position: \_\_\_\_\_

Are you employed now? .....  Yes  No

May we contact your current employer? .....  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

On what date would you be available for work? \_\_\_\_\_

Are you available to work: .....  Full time  Part time  Shift work  Temporary

Tobacco use is not permitted in/on Celina Insurance Group offices or property.

Do you agree to abide by this policy at all times? .....  Yes  No

Do you currently use tobacco products? \* .....  Yes  No

\* I understand that the definition of a tobacco user is someone who used tobacco products during the last six months, including but not limited to cigarettes, cigars, ecigarettes, chewing tobacco, and snuff. A person who used tobacco products as identified above at the rate of once per month or less on average (such as an occasional celebratory cigar) is not considered a tobacco user.

Have you been convicted of a felony within the last seven years?  
(Conviction will not necessarily disqualify applicant from employment.) .....  Yes  No

If yes, please explain:

Driver's license number: \_\_\_\_\_ State of: \_\_\_\_\_

Please list any driving violations within the last five years:

## Employment Experience

**Start with your present or last job. Please do not omit any information requested. This section must be completed.**  
Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin. If you need additional space, please continue on a separate sheet of paper.

Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Work Performed:

Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Work Performed:

Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Work Performed:

Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Work Performed:

## Education

No specific educational requirements are imposed for employment purposes.

### High School

School Name: \_\_\_\_\_

Years Completed:  9  10  11  12

Diploma/Degree: \_\_\_\_\_

Describe Course of Study: \_\_\_\_\_

### College/University

School Name: \_\_\_\_\_

Years Completed:  1  2  3  4

Diploma/Degree: \_\_\_\_\_

Describe Course of Study: \_\_\_\_\_

### Graduate/Professional

School Name: \_\_\_\_\_

Years Completed:  1  2  3  4

Diploma/Degree: \_\_\_\_\_

Describe Course of Study: \_\_\_\_\_

### Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

### Describe Specialized Training, CO-OP/Internship, Skills, and Extra-Curricular Activities:

### Honors received (include insurance designations):

### Office Skills

List software with which you are proficient:

### List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, or sex.)

*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or handicap which does not significantly increase occupational hazards.*

I hereby certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal at any time. In consideration of my employment, I agree to conform to the rules and regulations of The National Mutual Insurance Company, employer for Celina Insurance Group. I understand that my employment and compensation can be terminated, with and without cause, and with or without notice, at any time, at the option of The National Mutual Insurance Company or myself. I understand that no representative of The National Mutual Insurance Company other than the President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that all information provided in this application is subject to verification and authorize any such investigation by The National Mutual Insurance Company. I hereby authorize The National Mutual Insurance Company, if it so elects to investigate my background, including among other matters, verification of my educational credentials, licensing, certifications, employment history, credit history, and policy and criminal records. I release all parties from all liability in furnishing this information. I understand and agree that The National Mutual Insurance Company may engage the services of a third party to conduct these investigations. I authorize The National Mutual Insurance Company to contact all provided references to obtain pertinent information about me and release those references from any liability whatsoever in connection with this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(By typing your name in this form field, you acknowledge that this is a legally binding signature.)*

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INSURANCE GROUP

The National Mutual Insurance Company,  
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## Investigation Disclosure

The National Mutual Insurance Company is the employer for Celina Insurance Group. To that end, this is to inform you pursuant to the Fair Credit Reporting Act that as part of our procedure for processing your application for employment it is understood that an investigative consumer report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to request disclosure of nature and scope of the investigation performed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(By typing your name in this form field, you acknowledge that this is a legally binding signature.)*

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## Drug Testing Consent Form

**Name:** \_\_\_\_\_

I hereby authorize Roche Laboratories or its designated agent to collect a urine sample for the purpose of laboratory analysis to detect the presence of nicotine and prohibited substances. I understand and agree that The National Mutual Insurance Company, employer for Celina Insurance Group, will use the test results to make decisions affecting my potential employment.

If I have taken any prescribed medication within the two weeks prior to the scheduled drug test, I will bring the prescription container(s) with me to the designated testing facility at the time I undergo testing.

I have/have not previously undergone Drug Testing for The National Mutual Insurance Company.

*(Please circle the correct response.)*

**Date of test:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(By typing your name in this form field, you acknowledge that this is a legally binding signature.)*

**Any questions should be directed to the Human Resources Department at 800-552-5181, ext. 8595.**

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# Educational Record Release Form

**Names and Addresses of Schools Attended:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

As part of the application process for employment with The National Mutual Insurance Company, employer for Celina Insurance Group, information from my education record has been requested.

I hereby grant permission for the above named educational institution to release the requested information to The National Mutual Insurance Company to be used in considering my application for employment.

I completed my high school education in (year) \_\_\_\_\_.

I completed my college education in (year) \_\_\_\_\_.

**Please Print:**

My full name: (include maiden name, if applicable): \_\_\_\_\_

Address (while enrolled): \_\_\_\_\_

Signature: \_\_\_\_\_ (By typing your name in this form field, you acknowledge that this is a legally binding signature.)

Date: \_\_\_\_\_

**Office Use Only:**

To School: *Please provide the information that is checked.*

- Major/Curriculum \_\_\_\_\_ / \_\_\_\_\_
- Class Rank/Total in class \_\_\_\_\_ / \_\_\_\_\_
- Cumulative GPA \_\_\_\_\_
- Attendance (# of days absence per year):  
Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_  
If absence is high, give reason:  
\_\_\_\_\_

- Complete transcript of courses and grades.  
(Please return with requested information in the enclosed postage-paid envelope).

**Any questions should be directed to the Human Resources Department at 800-552-5181, ext. 8595.**

**Please remember to attach your cover letter and resume to your email.**