



STAMMEN INSURANCE AGENCIES

CELINA OFFICE: 115 – 117 S Main St., Celina OH 45822 • Ph: (419)586-7500 • Fax (419)586-1965

ST HENRY OFFICE: 310 E Main St., St Henry OH 45883 • Ph: (419)678-2328 • Fax (419)678-8224

WEBSITE: www.stammencompanies.com

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	DATE:
CURRENT ADDRESS: (Number, Street, City, State, Zip Code)					HOW LONG AT THIS RESIDENCE?
PREVIOUS ADDRESS - IF CURRENT ADDRESS LESS THAN 3 YEARS: (Number, Street, City, State, Zip Code)					HOW LONG AT THIS RESIDENCE?
HOME PHONE NUMBER:		CELL PHONE NUMBER:		ALTERNATE PHONE NUMBER:	
SOCIAL SECURITY NUMBER:		DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE NUMBER:	
EMAIL ADDRESS:			ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW WERE YOU REFERRED TO US? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER WHO: _____ DESCRIBE: _____					
LIST ANY RELATIVES OR FRIENDS EMPLOYED BY OUR AGENCY:			RELATIONSHIP:		
1.) _____			_____		
2.) _____			_____		
3.) _____			_____		
EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? IF YES, STATE NATURE OF OFFENSE(S), DATE(S), CITY, STATE AND DISPOSITION ON A SEPARATE SHEET OF PAPER. <i>NOTE: An affirmative answer will not necessarily result in disqualification for employment.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					

EMPLOYMENT

POSITION APPLIED FOR:		TYPE OF EMPLOYMENT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY		SALARY DESIRED:
ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF UNDER AGE 18, CAN YOU PROVIDE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK?				
ARE YOU AVAILABLE FOR OVERTIME?				
WHEN ARE YOU AVAILABLE TO BEGIN WORK?				

EDUCATION

TYPE OF SCHOOL:	NAME & LOCATION OF SCHOOL/COLLEGE/UNIVERSITY:	# OF YEARS COMPLETED:	GRADUATED:		DEGREE(S) OR DIPLOMA(S):	MAJOR FIELD OF STUDY:
			YES	NO		
HIGH SCHOOL:						
TRADE SCHOOL:						
BUSINESS/TECH SCHOOL:						
COLLEGE/UNIVERSITY:						
OTHER TRAINING EXPLAIN BELOW:						

SKILLS

ARE YOU ABLE TO OPERATE A PERSONAL COMPUTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST TYPES OF SOFTWARE YOU ARE ABLE TO USE EFFICIENTLY:
ARE YOU ABLE TO TYPE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY YEARS EXPERIENCE? _____ WORDS PER MINUTE YOU CAN TYPE: _____
LIST OTHER OFFICE MACHINES YOU CAN OPERATE: 	
SPECIFIC SKILLS OR TRAINING: WHAT KNOWLEDGE, SPECIAL SKILLS AND/OR INDIVIDUAL CAPABILITIES DO YOU HAVE WHICH ESPECIALLY PREPARE YOU FOR THE POSITION YOU ARE APPLYING FOR? 	

EMPLOYMENT HISTORY (List most recent positions first)

1 NAME OF EMPLOYER:		ADDRESS : Number Street City State			
TYPE OF BUSINESS:		DEPARTMENT:		YOUR POSITION:	
TELEPHONE:	SUPERVISOR:	IS THIS YOUR CURRENT EMPLOYER?		MAY WE CONTACT THIS EMPLOYER?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB DUTIES / SKILLS:					
DATE STARTED: (Day, Month, Year)	DATE LEFT: (Day, Month, Year)	STARTING SALARY:		ENDING SALARY:	
REASON FOR LEAVING:					
2 NAME OF EMPLOYER:		ADDRESS : Number Street City State			
TYPE OF BUSINESS:		DEPARTMENT:		YOUR POSITION:	
TELEPHONE:	SUPERVISOR:	IS THIS YOUR CURRENT EMPLOYER?		MAY WE CONTACT THIS EMPLOYER?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB DUTIES / SKILLS:					
DATE STARTED: (Day, Month, Year)	DATE LEFT: (Day, Month, Year)	STARTING SALARY:		ENDING SALARY:	
REASON FOR LEAVING:					
3 NAME OF EMPLOYER:		ADDRESS : Number Street City State			
TYPE OF BUSINESS:		DEPARTMENT:		YOUR POSITION:	
TELEPHONE:	SUPERVISOR:	IS THIS YOUR CURRENT EMPLOYER?		MAY WE CONTACT THIS EMPLOYER?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB DUTIES / SKILLS:					
DATE STARTED: (Day, Month, Year)	DATE LEFT: (Day, Month, Year)	STARTING SALARY:		ENDING SALARY:	
REASON FOR LEAVING:					

EMPLOYMENT HISTORY (List most recent positions first)

4 NAME OF EMPLOYER:		ADDRESS : Number Street City State			
TYPE OF BUSINESS:		DEPARTMENT:		YOUR POSITION:	
TELEPHONE:	SUPERVISOR:	IS THIS YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB DUTIES / SKILLS: _____ _____					
DATE STARTED: (Day, Month, Year)		DATE LEFT: (Day, Month, Year)		ENDING SALARY:	
REASON FOR LEAVING:					
5 NAME OF EMPLOYER:		ADDRESS : Number Street City State			
TYPE OF BUSINESS:		DEPARTMENT:		YOUR POSITION:	
TELEPHONE:	SUPERVISOR:	IS THIS YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB DUTIES / SKILLS: _____ _____					
DATE STARTED: (Day, Month, Year)		DATE LEFT: (Day, Month, Year)		ENDING SALARY:	
REASON FOR LEAVING:					
6 NAME OF EMPLOYER:		ADDRESS : Number Street City State			
TYPE OF BUSINESS:		DEPARTMENT:		YOUR POSITION:	
TELEPHONE:	SUPERVISOR:	IS THIS YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB DUTIES / SKILLS: _____ _____					
DATE STARTED: (Day, Month, Year)		DATE LEFT: (Day, Month, Year)		ENDING SALARY:	
REASON FOR LEAVING:					

EMPLOYMENT HISTORY (List most recent positions first)

7 NAME OF EMPLOYER:		ADDRESS : Number Street City State			
TYPE OF BUSINESS:		DEPARTMENT:		YOUR POSITION:	
TELEPHONE:	SUPERVISOR:	IS THIS YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB DUTIES / SKILLS: _____ _____					
DATE STARTED: (Day, Month, Year)		DATE LEFT: (Day, Month, Year)		STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:					
8 NAME OF EMPLOYER:		ADDRESS : Number Street City State			
TYPE OF BUSINESS:		DEPARTMENT:		YOUR POSITION:	
TELEPHONE:	SUPERVISOR:	IS THIS YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB DUTIES / SKILLS: _____ _____					
DATE STARTED: (Day, Month, Year)		DATE LEFT: (Day, Month, Year)		STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:					
9 NAME OF EMPLOYER:		ADDRESS : Number Street City State			
TYPE OF BUSINESS:		DEPARTMENT:		YOUR POSITION:	
TELEPHONE:	SUPERVISOR:	IS THIS YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB DUTIES / SKILLS: _____ _____					
DATE STARTED: (Day, Month, Year)		DATE LEFT: (Day, Month, Year)		STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:					

LICENSE / CERTIFICATIONS

ARE YOU LISENCED / CERTIFIED FOR THE JOB YOU ARE APPLYING FOR? YES NO

IF YES, WHAT TYPE OF LICENSE / CERTIFICATION DO YOU HAVE? _____

ISSUING STATE: _____ LICENSE CERTIFICATION NUMBER: _____

HAS YOUR LICENSE / CERTIFICATION EVER BEEN REVOKED OR SUSPENDED? YES NO

IF YES, EXPLAIN: _____

ARE YOU CURRENT WITH ANY CONTINUOUS EDUCATION REQUIREMENTS? YES NO

REMARKS: _____

IF YOU DO NOT HAVE THE REQUIRED LICENSE / CERTIFICATION TO PERFORM THE JOB DUTY ASSIGNED ARE YOU WILLING TO GET YOUR LICENSE (which would require classes, studying, and passing a State examination)? YES NO

REMARKS: _____

REFERENCES (Provide 3 references who are NOT related to you)

NAME:	OCCUPATION / JOB TITLE:	ADDRESS:	PHONE NUMBER:

APPLICANT'S STATEMENT (Initial each numbered item as you read)

- 1.) _____ THE INFORMATION THAT I HAVE PROVIDED ON THIS EMPLOYMENT APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND MAY BE VERIFIED BY AUTHORIZED REPRESENTATIVES OF THE COMPANY.
- 2.) _____ I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IN THIS EMPLOYMENT APPLICATION WILL BE JUSTIFICATION FOR REFUSAL OR TERMINATION OF EMPLOYMENT, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.
- 3.) _____ I HEREBY AUTHORIZE **STAMMEN INSURANCE AGENCIES**, OR IT'S AUTHORIZED REPRESENTATIVES, TO CONDUCT SUCH INQUIRIES AS NECERSSARY TO VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION FOR EMPLOYMENT WITH **STAMMEN INSURANCE AGENCIES**. SAID INQUIRIES MAY INCLUDE VERIFICATION OF PREVIOUS EMPLOYMENT, EDUCATION, CRIMINAL CONVICTION RECORD, AND PROCUREMENT OF A CONSUMER REPORT.
- 4.) _____ I UNDERSTAND THAT THE COMPANY IS COMMITTED TO MAINTAINING A DRUG AND ALCOHOL FREE WORK PLACE. ACCORDINGLY, I MAY BE SUBJECT TO A PRE-EMPLOYMENT BLOOD TEST, URINALSIS OR OTHER DRUG/ALCOHOL SCREENING. I FURTHER UNDERSTAND THAT IF EMPLOYED, I MAY BE SUBJECT TO SUCH A DRUG AND ALCOHOL SCREENING IF THE COMPANY HAS REASONABLE SUSPICION TO BELIEVE THAT I AM UNDER THE INFLUENCE OF A DRUG OR ALCOHOL. MY CONSENT TO SUBMIT TO SUCH A TEST IS REQUIRED AS A CONDITION OF EMPLOYMENT AND MY REFUSAL TO CONSENT SHALL RESULT IN A REFUSAL TO HIRE OR, IF ALREADY EMPLOYED, TERMINATION.
- 5.) _____ I UNDERSTAND THAT AN OFFER OF EMPLOYMENT MAY REQUIRE THE SIGNING OF A NON-COMPETE AGREEMENT.
- 6.) _____ IF EMPLOYED, I AGREE THAT ALL MATERIAL CREATED AND PRODUCED WHETHER IN WRITTEN, GRAPHIC OR BROADCASTING FORM, DURING MY EMPLOYMENT ARE THE EXCLUSINVE PROPERTY OF THE COMPANY TO USE AND/OR SELL, AND THAT SUBSEQUENT TO MY EMPLOYMENT WITH THIS COMPANY I WILL NOT DISCLOSE, USE OR REVEAL ANY CONFIDENTIAL INFORMATION RELATED TO THE COMPANY WITHOUT FIRST OBTAINING WRITTEN CONSENT FROM AN OFFICER OF THE COMPANY.
- 7.) _____ I UNDERSTAND AND AGREE THAT THE EMPLOYMENT FOR WHICH I AM MAKING APPLICATION MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE, WITHOUT PRIOR NOTICE, BY EITHER MYSELF OR THE COMPANY. THERE WILL BE NO AGREEMENT, EXPRESS OR IMPLIED BETWEEN THE COMPANY AND ME FOR ANY SPECIFIC PERIOD OF EMPLOYMENT UNLESS MADE IN WRITING AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY.
- 8.) _____ I HAVE PLACED MY SIGNATURE IN THE SPACE PROVIDED BELOW ONLY AFTER I HAVE COMPLETED THE ENTIRE EMPLOYEMENT APPLICATION TO THE BEST OF MY ABILITY AND I HAVE CAREFULLY READ THE FOREGOING EIGHT (8) STATEMENTS.

APPLICANT / PRINT NAME: _____ DATE: _____

APPLICANT SIGNATURE: _____

COMPANY WITNESS / PRINT NAME: _____ Date _____

COMPANY WITNESS SIGNATURE: _____