



## Application for Employment

*It is the policy of Heartman Insurance to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, sexual orientation, marital or veteran status.*

Date of Application:	Position Applied for:
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### GENERAL INFORMATION

Last Name (please print)	First Name	Middle	
Street Address	City	State	Zip Code
Telephone Number (Home)	Telephone Number (Cell)	Email address	

#### Recruitment Source

- Heartman Website
- Newspaper - Paper Name: \_\_\_\_\_
- Internet – Website Name: \_\_\_\_\_
- Current Employee - Name: \_\_\_\_\_
- Other: \_\_\_\_\_

#### Desired Salary

#### I am interested/available to work:

- Full-Time
- Part-Time
- Other \_\_\_\_\_

1. If offered a position, what date would you be available to start work?	
2. Are you 18 years of age? If not, can you provide required proof of your eligibility to work?	_____ Yes _____ No
3. Have you ever filed an application with us before? If yes, please provide date	_____ Yes _____ No
4. Do any of your friends or relatives work here? If yes, provide names:	_____ Yes _____ No
5. Are you a citizen of the United States? _____ Yes _____ No	_____ Yes _____ No
6. If you answered "No" to question #5, can you provide proof you are authorized to work in the United States?	_____ N/A _____ Yes _____ No
7. Are you a veteran of the US Armed Forces?	_____ Yes _____ No
8. Are you able to travel (if required by this position?)	_____ Yes _____ No

### EDUCATION

	Name/Address of School	Course of Study	Diploma/Degree
High School		n/a	Do you have a High School Diploma or GED? _____ Yes _____ No
Undergraduate College			
Graduate School			
Other			

**EMPLOYMENT EXPERIENCE** List your most current employer first. Please include all jobs, including self-employment and military service.

Employer Name	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Rate of Pay		
	Starting	Final	
Job Title			
Supervisor	Reason for Leaving		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Rate of Pay		
	Starting	Final	
Job Title			
Supervisor	Reason for Leaving		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Rate of Pay		
	Starting	Final	
Job Title			
Supervisor	Reason for Leaving		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Rate of Pay		
	Starting	Final	
Job Title			
Supervisor	Reason for Leaving		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## ADDITIONAL INFORMATION/SKILLS

### Computer Software Skills (check all systems you have used)

- Microsoft Word
- Microsoft Excel
- Microsoft Outlook
- Others: \_\_\_\_\_

**Typing Skills** \_\_\_\_\_ WPM. If unknown, on a scale of 1-10 (10 being a very fast typist), estimate your typing speed.

**Please list any professional licenses or certifications you hold:**

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## PROFESSIONAL REFERENCES

Name:	Phone:
Name:	Phone:
Name:	Phone:

### Application Certification

I certify the information I have provided is truthful and accurate.

I authorize Heartman Insurance to contact the educational institutions and former employers to confirm the accuracy of all statements contained in this Application for Employment. I understand that if I provided any false or misleading information I will be disqualified as an applicant, or if I am employed by Heartman based on any false or misleading information on this employment application, I will be subject to corrective action up to and including termination of employment.

If I am formally offered employment by Heartman Insurance I understand:

- Unless there is a specific written contract of employment, my employment will be “at-will” and the employment relationship will be entirely voluntary. I understand that either I, or Heartman, may terminate the employment relationship at any time. I further understand that no representative or employee of Heartman, except in a specific written contract of employment signed by an officer of Heartman, has the power to alter this voluntary “at-will” employment relationship.
- The Heartman Agency will conduct a complete and thorough background check, including criminal history and credit check. The Heartman Agency is a drug-free workplace. I agree to undergo the post offer background investigation and any drug/alcohol screening that may be required.
- This Application will remain active only until the position for which I have applied is filled. I understand that if I want to be considered for employment with the Agency after the position for which I am applying is filled, I must complete another application.

I have carefully read the above certification and agree to all terms:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

