



Fulfilling the Promise Since 1876

EMPLOYMENT APPLICATION

This is an interactive PDF file, so you can key the information requested into the application and save it. The application can be emailed or mailed to the appropriate person and address below.

For positions in our **Van Wert, Ohio** office:

Central Insurance Companies
Attn: Human Resources Department
800 S. Washington Street
Van Wert, OH 45891
cyearling@central-insurance.com

For positions in our **Waltham, Massachusetts** office:

Central Insurance Companies
Attn: Human Resources Department
404 Wyman Street, Suite 360
Waltham, MA 02451
apapalia@central-insurance.com

Massachusetts Candidates:

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. Applicants may include verified work performed on a volunteer basis in the Employment History section.

For positions in our **Alpharetta, Georgia** office:

Central Insurance Companies
Attn: Human Resources Department
11605 Haynes Bridge Road, Suite 500
Alpharetta, GA 30009
csmith@central-insurance.com

For positions in our **Irving, Texas** office:

Central Insurance Companies
Attn: Human Resources Department
7301 North State Highway 161, Suite 320
Irving, TX 75039
dcampbell@central-insurance.com



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APPLICATION FOR EMPLOYMENT

(All information treated confidentially)

Date _____

It is the policy of Central that all recruiting, hiring, training, compensation, overtime, job classification and assignment, facilities, promotions, transfers, employee treatment, and all other terms and conditions of employment shall be maintained in a manner which will not discriminate against any person because of race, color, age, sex, national origin, ancestry, religion, marital status, military status, or disability. The applicant should respond to questions on this application in a way that will not divulge such information.

PERSONAL INFORMATION

NAME (PRINT)	LAST	FIRST	MIDDLE	TELEPHONE NUMBER		
				()	
PRESENT ADDRESS	NO.	STREET	CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS?
PREVIOUS ADDRESS	NO.	STREET	CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS?
POSITION APPLIED FOR?					EARNINGS EXPECTED	
					\$	
HOW DID YOU BECOME INTERESTED IN CENTRAL?						
HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY CENTRAL? <input type="checkbox"/> YES <input type="checkbox"/> NO						
				IF YES, WHEN?	WHERE?	

EDUCATIONAL INFORMATION

Type of School	Name of School	Courses Majored In	Check Last Year Completed				Graduate? Degree Received?	
			1	2	3	4	Yes	No
High School			1	2	3	4	Yes	No
College			1	2	3	4	Yes	No
College			1	2	3	4	Yes	No

Scholastic standing: High School Class Rank _____ in class of _____ Grade Point Avg. _____ College Grade Point Avg. _____

Highlight any special education or training you have had which would be of benefit to you in the job you are applying for:

Extra curricular activities or offices held in High School and/or College.
(Exclude those which indicate the race, religion, color, national origin, military status, or ancestry of its members.)

Candidates will be asked to submit high school and/or college transcripts if they visit Central for an interview.

PERSONAL REFERENCES

(Not former employers or relatives)

Name	Address	Phone Number
1.		
2.		

EMPLOYMENT HISTORY
(Begin with most recent employer)

1	COMPANY NAME	BUSINESS	POSITION AT STARTING	SALARY
	ADDRESS (Street)	TIME EMPLOYED (Give Mo. and Yr.) FROM TO	POSITION AT LEAVING	SALARY
	(CITY-STATE-ZIP)	IMMEDIATE SUPERVISOR (Name and Title)		
	REASON FOR LEAVING	DESCRIBE DUTIES AND RESPONSIBILITIES		

2	COMPANY NAME	BUSINESS	POSITION AT STARTING	SALARY
	ADDRESS (Street)	TIME EMPLOYED (Give Mo. and Yr.) FROM TO	POSITION AT LEAVING	SALARY
	(CITY-STATE-ZIP)	IMMEDIATE SUPERVISOR (Name and Title)		
	REASON FOR LEAVING	DESCRIBE DUTIES AND RESPONSIBILITIES		

3	COMPANY NAME	BUSINESS	POSITION AT STARTING	SALARY
	ADDRESS (Street)	TIME EMPLOYED (Give Mo. and Yr.) FROM TO	POSITION AT LEAVING	SALARY
	(CITY-STATE-ZIP)	IMMEDIATE SUPERVISOR (Name and Title)		
	REASON FOR LEAVING	DESCRIBE DUTIES AND RESPONSIBILITIES		

4	COMPANY NAME	BUSINESS	POSITION AT STARTING	SALARY
	ADDRESS (Street)	TIME EMPLOYED (Give Mo. and Yr.) FROM TO	POSITION AT LEAVING	SALARY
	(CITY-STATE-ZIP)	IMMEDIATE SUPERVISOR (Name and Title)		
	REASON FOR LEAVING	DESCRIBE DUTIES AND RESPONSIBILITIES		

5	COMPANY NAME	BUSINESS	POSITION AT STARTING	SALARY
	ADDRESS (Street)	TIME EMPLOYED (Give Mo. and Yr.) FROM TO	POSITION AT LEAVING	SALARY
	(CITY-STATE-ZIP)	IMMEDIATE SUPERVISOR (Name and Title)		
	REASON FOR LEAVING	DESCRIBE DUTIES AND RESPONSIBILITIES		

If you have had more than five positions attach names, dates of employment, etc. to this application.

Indicate by number any of the above employers you do not wish us to contact. _____

If you are currently employed, why are you interested in a change at this time?

What specific experience do you currently have to qualify you for the position for which you have applied?

RELATED INFORMATION

If your application is considered favorably, on what date will you be available for work? _____

Would you be willing to be transferred to another location? Yes No

Check the regional office cities where you would locate: Atlanta Boston Dallas Van Wert, Ohio

Location not preferred _____ Why? _____

If the job requires, how much time per month could you spend traveling? _____

What are your plans or goals for the future?

Other points you would like Central to consider in evaluation of your application:

I authorize Central Mutual Insurance Company to investigate and verify all statements and information provided, and agree that any misstatement or omission of facts may disqualify me for employment or may be grounds for my dismissal. I hereby release from liability Central Mutual Insurance Company and its representatives for seeking, gathering, and using such information and all other persons, corporations, and organizations from furnishing such information.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Central Mutual Insurance Company and myself either for employment or for the providing of any benefit. If an employment relationship is established, then, in consideration of my employment, I agree to conform to the rules and regulations of Central Mutual Insurance Company and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Central Mutual Insurance Company or myself. I understand that no manager or representative of Central Mutual Insurance Company, other than the president of the company, 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.

By typing or signing my name in the following box I certify the statements on this employment application are true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

Signature



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