

NORTHEST G F MUTUAL INSURANCE COMPANY
705 8TH STREET, PO BOX 100
EUREKA SD 57437
Phone 605-284-2684 Fax 605-284-2129

APPLICATION FOR EMPLOYMENT

Last Name: _____ First: _____ Middle: _____ Date: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Social Security Number: _____ Position Desired: _____

Pay Expected: _____ Will you work overtime if asked? Yes No

Apart from absence for religious observance, are you available for full-time work? Yes No

If not what hours can you work? _____

Are you legally eligible for employment in the United States? Yes No

When would you be available to begin work? _____

Other special training or skills (languages, machine operation, etc.) _____

How did you learn of our organization? _____

EDUCATION

School	Name and Location	Course of Study	Number years completed	Did you graduate?	Degree or Diploma
College/Other					
High School					

Membership in Professional or Civic Organizations:

EMPLOYMENT: (STARTING WITH MOST RECENT)

Company Name and Address:		Phone:
		Starting pay:
Supervisor:	Employed From: To:	Ending pay:
State job title and Describe your work: _____ _____		

Company Name and Address:		Phone:
		Starting pay:
Supervisor:	Employed From: To:	Ending pay:
State job title and Describe your work: _____ _____		

Company Name and Address:		Phone:
		Starting pay:
Supervisor:	Employed From:	To:
State job title and Describe your work:		Ending pay:

REFERENCES:

Name and Address:	Phone:
Relationship:	
Name and Address:	Phone:
Relationship:	

MILITARY

Branch of Service:	Rank at Discharge:
Active Duty: From to	Date of Final Discharge:
Describe your duties and any special training:	

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above type of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, or physical or mental handicap, or disability.

The following information is not required:

Male Female Are you a US Citizen? Yes No Are you over 18 years of age? Yes No

Marital Status: Single Separated Engaged Divorce Married Widowed

What was your previous address: _____

How long at present address: _____ How long at previous address: _____

Have you ever been bonded? Yes No If yes with whom: _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No

If yes, describe in full: _____

State names of relatives and friends working for us other than your spouse: _____

Have you received Workmen's Compensation or Disability Income payments? Yes No

If yes, describe: _____

Have you physical defects which precluded you from performing certain jobs? Yes No

If yes, describe limitation: _____

SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date: _____ Signature: _____

PLEASE EMAIL COMPLETED APPLICATION, COVER LETTER AND RESUME TO nwgfmutual@nwgf.com