



## Columbian Mutual Life Insurance Company

4704 Vestal Parkway East, Vestal, NY 13850  
PO Box 1381, Binghamton, NY 13902-1381

### EMPLOYMENT APPLICATION

#### PERSONAL INFORMATION

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

#### GENERAL INFORMATION

Position applied for \_\_\_\_\_ Salary expected \_\_\_\_\_

Type of employment desired:  Full-time  Part-time  Temporary

If part-time, specify days and hours: \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. All offers of employment are subject to verification of the applicant's identity and employment authorization. Upon employment it will be necessary for you to submit such documents, as are required by law, to verify your identification and employment authorization.

Can you, with or without reasonable accommodation, perform the essential functions of the job for which you are applying?  Yes  No

*(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)*

Are you over the age of 18 years?  Yes  No If no, you may be required to provide authorization.

Do you have a spouse, parent, parent-in-law, sister, brother, child, or any person residing in your household who is currently employed by Columbian Mutual Life Insurance Company?  Yes  No

Have you been employed by Columbian Mutual Life Insurance Company before?  Yes  No

How were you referred to this position? \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No If yes, date \_\_\_\_\_  
place \_\_\_\_\_ and nature \_\_\_\_\_

*Please do not complete this question if you live in a state or city that prohibits this question from being asked.  
(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment)*

Have you ever been suspended, discharged or asked to resign from a job?  Yes  No

Have you ever been the subject of a workplace investigation?  Yes  No

Have you ever been disciplined on a job?  Yes  No

Are you currently covered under a non-compete agreement?  Yes  No If yes, please describe:  
\_\_\_\_\_

## **MILITARY**

Have you served in the U. S. Armed Forces?  Yes  No If yes, branch of U. S. Military Service:

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_

List duties performed while in service, including special training that is relevant to the position for which you are applying. \_\_\_\_\_

## **EDUCATIONAL BACKGROUND**

School	Last Year / Credits Completed	Major or Course of Study	Did you graduate?	Diploma and/or Degree
High School Name: Address:	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College(s) Name(s): Address:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School Name: Address:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Training or Degrees Name: Address:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## **EMPLOYMENT HISTORY**

Please list **ALL** employment, giving present or last position first. **PLEASE ACCOUNT FOR ALL PERIODS. WITHHOLDING INFORMATION REGARDING YOUR EMPLOYMENT BACKGROUND MAY BE CAUSE FOR DISMISSAL.**

**EMPLOYER'S NAME:** \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Employer's Telephone Number: \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Your Job Title and Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMPLOYER'S NAME:** \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Employer's Telephone Number: \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Your Job Title and Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



**OTHER**

I hereby certify that all of the information provided by me in this application (or any other accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by Columbian Mutual Life Insurance Company that such employment with Columbian Mutual Life Insurance Company is at-will, for no specified duration and may be terminated by either Columbian Mutual Life Insurance Company or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of Columbian Mutual Life Insurance Company, or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with Columbian Mutual Life Insurance Company, if employed, I agree to conform to the rules, regulations, policies and procedures of Columbian Mutual Life Insurance Company at all times and understand that such is a condition of employment. I understand that due to the nature of Columbian Mutual Life Insurance Company's business, attendance and punctuality are considered essential requirements of every job at Columbian Mutual Life Insurance Company and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Columbian Mutual Life Insurance Company, I will be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of the pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Columbian Mutual Life Insurance Company and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

By signing below, I acknowledge that I have read, understood and agree to the above statements.

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

Name and number of person completing this form if other than applicant:

\_\_\_\_\_

Thank you for your interest in employment with Columbian Mutual Life Insurance Company.

Columbian Mutual Life Insurance Company considers all applicants for employment without regard to race, color, religion, gender, national origin, age, handicap or disability, sexual orientation, gender identity or expression, military status or status as a Vietnam-era or special disabled veteran, victim of domestic violence status, or any other category protected under federal or state law. Columbian Mutual Life Insurance Company also provides "reasonable accommodations" to qualified individuals with disabilities in accordance with the Americans With Disabilities Act and applicable state and local laws.

**HR USE ONLY:**

Job Declined Reason \_\_\_\_\_

Job Accepted Start Date \_\_\_\_\_ Job Title \_\_\_\_\_

Grade \_\_\_\_\_ Salary \$ \_\_\_\_\_  Full time  Part time  Temporary

HR Interviewed by: \_\_\_\_\_ Dept. Interviewed by: \_\_\_\_\_