



Application *for* Employment

United Ohio Insurance Company is an equal opportunity employer. United Ohio Insurance Company will comply with any legal obligation to provide reasonable accommodation to otherwise qualified individuals with disabilities.

Please contact Human Resources at (419)562-3011 if you need a reasonable accommodation to complete this application.

PLEASE PRINT

Date of Application					
Last Name		First Name		Middle Name	
Address	Number	Street or Road	City	State	Zip Code
Address <i>(if within last 12 months different than that shown above)</i>		Number	Street or Road	City	State Zip Code
Telephone Number(s)					
Position(s) Applied For					
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> An Employee Here			

Are you 18 years of age or older?

Yes No

Have you ever filed an application with us before? *If yes, give date.*

Yes No Date:

Have you ever been employed with us before? *If yes, give date.*

Yes No Date:

Are you currently employed?

Yes No

List any friends or relatives working for us:

Are you presently legally qualified to work for United Ohio Insurance under U.S. immigration and work authorization laws? Yes No

Proof of citizenship or work authorization will be required upon employment.

On what date would you be available to work?

Are you available to work: Full Time Part Time Seasonal Temporary

Expected pay: \$

Are you currently on lay-off status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a crime*?

Yes No

**Other than minor traffic offense involving a fine of \$250 or less.*

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain:

Are you presently subject to a non-compete agreement?

Yes No

Education

	Name & Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Please exclude activities that would reveal your protected class status (e.g., race, sex, national origin, etc.)

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

Please exclude activities that would reveal your protected status (e.g., race, sex, national origin etc.).

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Please exclude information that would reveal your protected status (e.g., race, sex, national origin etc.)

Technical Skills

Check skills/equipment operated.

- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Word | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Outlook |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Access |

Other PC Software (list):

Other (list):

State any additional job-related information you feel may be helpful to us in considering your application.

Please exclude information that would reveal your protected status (e.g., race, sex, national origin etc.)

Can you perform the essential functions of the position for which you are applying *with or without reasonable accommodation*?

- Yes No

If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.

References

First Name	Last Name	Phone Number
Address	Number	Street or Road
City	State	Zip Code
First Name	Last Name	Phone Number
Address	Number	Street or Road
City	State	Zip Code
First Name	Last Name	Phone Number
Address	Number	Street or Road
City	State	Zip Code

Employment Experience

Starting with your present or most recent job, list your employment experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment. Please exclude activities that would reveal your protected status (e.g., race, sex, national origin etc.)

Do not omit any employment during the last 10 years. If you need additional space, please continue on a separate sheet of paper.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
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Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

May we contact the employers listed above?

Yes No

If no, indicate which one(s) you do not wish us to contact and state the reason why you prefer that we do not contact the employer(s).

Applicant's Statement

Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.

_____ I certify that this application was completed by me and that all entries on it and all information in it are **true** and **complete** to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge, and if discovered prior to employment, will render me ineligible for hire.

_____ I hereby release all parties, including but not limited to United Ohio Insurance Company, personal references, and previous employers, from any and all liability for injury or damage that may result from their furnishing information to United Ohio Insurance Company concerning me or any action United Ohio Insurance Company takes on the basis of such information.

_____ I understand United Ohio Insurance Company is a drug-free workplace and that, if I am offered a job, as a condition of beginning my employment I may be required to undergo a physical examination and/or drug screen and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by United Ohio Insurance Company is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is at will, for no fixed period of time, and is terminable at any time and for any reason by United Ohio Insurance Company, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other United Ohio Insurance Company material do not create any guarantee of employment and that United Ohio Insurance Company has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of United Ohio Insurance Company, other than an authorized executive, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on United Ohio Insurance Company.

_____ I understand that United Ohio Insurance Company may choose not to employ me as a result of a job related felony or misdemeanor conviction. I further understand that United Ohio Insurance Company will not employ me if I have been convicted of a felony involving dishonesty or a breach of trust, or convicted of an offense under 18 USC 1033, unless: (1) I have provided United Ohio Insurance Company with written consent of an insurance regulatory official authorized to regulate United Ohio Insurance Company or its affiliate(s); (2) the written consent specifically refers to 18 USC 1033(e); and (3) the written consent and my employment are acceptable to United Ohio Insurance Company, in United Ohio Insurance Company's sole discretion.

Signature of Applicant

Date

Notification and Authorization Form for Employment Background Check

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained, among other ways, through interviews with the personal references and past employers listed. This inquiry may include information as to, among other things, my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry and release those providing responses to the inquiries from all claims and liabilities related to their responses.

Signature of Applicant

Date

Print Name