



Application for Employment

An Equal Opportunity Employer (M/F)

It is the policy of The Lafayette Life Insurance Company to provide Equal Opportunity in all areas of employment practice and to assure that there shall be no discrimination against any employee or candidate for employment due to race, color, religion, sex, age, national origin, citizenship status, veteran status, physical or mental disability (except where the disability prevents the individual from being able to perform the essential functions of the job and cannot be reasonably accommodated in full compliance with the law) or any other legally protected status in accordance with applicable federal state, and local anti-discrimination laws.

PLEASE NOTE: At the time of hire, applicants are requested to present documents to verify their identity and eligibility to work in the United States.



APPLICATION FOR EMPLOYMENT

Instructions: 1. Please print. 2. Complete all application information. 3. Use additional sheets of paper if needed to answer completely.

Name (Full - Last, First, Middle Initial)		Social Security No.	Date
Address (Street No., City, State, Zip)		Telephone No.	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Address (If applicable)		Telephone No.	
Position Applying For	Pay Expected \$ Per	Expected Length of Employment	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time		
Have you ever applied for or held a position at Lafayette Life? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Applied	Position Held	
If now employed, why do you wish to change?		How much notice must you give?	
		Date Available for Work	

EDUCATION AND TRAINING

Circle Last Year Completed	Grade, Trade or High School 1 2 3 4 5 6 7 8 9 10 11 12	Technical, Business School or College 1 2 3 4 5	Graduate School 1 2 3 4
List Every High School, Business or Trade School, and College Attended	Did You Graduate	Course	Grade Point Average
Name	City-State	Degree: Major: Minor:	Name Position

EMPLOYMENT HISTORY

Start with most recent employer. All applicants must account for the last 10 years. Use additional sheets of paper as needed.

Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:	City	State	Zip
Duties	Reason for Leaving:		
Starting Compensation	Final Compensation	May we contact your Supervisor? (If you answer "no" be sure to read paragraph 3 in the Certification and Authorization section on the back page.)	
Name of Supervisor	Title and Department of Company	Phone Number of Supervisor	
Next Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:	City	State	Zip
Duties	Starting Compensation	Final Compensation	
Reason for Leaving:			
Name of Supervisor	Title and Department of Company	Phone Number of Supervisor	
Next Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:	City	State	Zip
Duties	Starting Compensation	Final Compensation	
Reason for Leaving:			
Name of Supervisor	Title and Department of Company	Phone Number of Supervisor	

EMPLOYMENT HISTORY (Continued)

Next Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address:	City	State	Zip

Duties	Starting Compensation	Final Compensation
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Reason for Leaving:

Name of Supervisor	Title and Department of Company	Phone Number of Supervisor
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Next Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
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Street Address:	City	State	Zip
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Duties	Starting Compensation	Final Compensation
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Reason for Leaving:

Name of Supervisor	Title and Department of Company	Phone Number of Supervisor
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MILITARY SERVICE

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Branch of the Service?	Date Entered
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Date discharged / separated	Starting rank	Rank at Discharge
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Describe special training, skills, and duties.

EXPLAIN ANY GAP IN EMPLOYMENT

From Mo/Yr	To Mo/Yr	Explanation

SKILLS AND ADDITIONAL INFORMATION

Use additional sheets of paper as needed.

In what computer software programs or languages are you proficient?

List special courses, certificates, registrations, professional licenses, skills, etc.

If applying for a clerical position, what clerical skills do you possess?

Keyboarding words per minute: _____ Errors: _____

CAREER OBJECTIVES

Use additional sheets of paper as needed.

Describe your career objectives.

List any other special abilities, training, experience, or activities that you believe would be of value to Lafayette Life.

REFERENCES

Use references other than former employers or relatives.

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

GENERAL INFORMATION

Have you ever been convicted of, or pled guilty to, or entered a plea of no contest to a felony or misdemeanor, excluding minor traffic violations? Yes No

A conviction does not necessarily mean that you will not be employed.

If yes, explain and give dates. _____

Who referred you, or how did you learn of employment opportunities at Lafayette Life?

CERTIFICATION AND AUTHORIZATION

I certify that the information furnished in this application and any attachments are true and correct without consequential omission of any kind. I understand and agree that The Lafayette Life Insurance Company ("Lafayette Life") shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this application or any attachments.

I understand that Lafayette Life as part of its routine employment procedure may conduct a background check including such things as criminal history, work history, past job performance, educational history, character, credit check, and/or a motor vehicle report. I authorize and request any and all of my former employers or business references, or both, and any other persons to furnish Lafayette Life or its agents acting on its behalf such information. In doing so, I release from any liability former employers, business references, and any other persons furnishing such information.

If I indicated that my present employer should not be contacted for a reference and I am subsequently hired, then Lafayette Life has my permission to contact that employer. If that contact discloses adverse information, then Lafayette Life may use that information in evaluating my continued employment.

A photocopy or faxed copy of this signed authorization shall be as valid as the original.

I understand and agree that any offer of employment is conditional upon a successful background check.

In consideration of my employment if I am hired, I agree to conform to the rules and regulations of Lafayette Life, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice or warning, at any time, at the option of either the Company or myself.

If I am hired, I agree that I will, while employed by Lafayette Life, immediately notify Human Resources in the event that I am convicted of, or plead guilty to, or enter a plea of no contest to a felony or misdemeanor, excluding minor traffic violations, subsequent to the date of this certification and authorization.

APPLICANT'S SIGNATURE: _____ DATE: _____

This application is current for 3 (three) months. At the conclusion of such time, if you have not been offered employment and still wish to be considered for employment, it will be necessary to reapply.