

PROPHETSTOWN FARMERS MUTUAL INSURANCE COMPANY

PO BOX 95 • Prophetstown, Illinois 61277 • (815) 537-2251 • Fax (815) 527-0663
David Goodell, *President* Jeremy Weeks *Secretary/Treasurer*

[e-mail: info@pfmic.com](mailto:info@pfmic.com)



EMPLOYMENT APPLICATION

PROPHETSTOWN FARMERS MUTUAL INSURANCE COMPANY is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. In addition, PROPHETSTOWN FARMERS MUTUAL INSURANCE COMPANY does not discriminate against qualified individuals with disabilities, should an applicant need reasonable accommodation in the application process, they should contact a company representative.

PLEASE PRINT

Personal Information

1. Name _____
2. Address _____
3. Telephone _____ Other _____
4. Email Address _____
5. Position(s) applied for _____
6. Available start date _____
7. Are you over 18 years of age? _____
8. Have you ever been convicted of a violation of the law other than a minor traffic violation? _____ If yes, please explain _____
9. Have you applied to work with us before? _____ If yes, when _____
10. If hired, proof of your identity and employment eligibility in the United States must be established by appropriate documentation at the time you begin work at PROPHETSTOWN FARMERS MUTUAL INSURANCE COMPANY.
11. What hours or shifts are you available to work? _____
Are those times flexible? _____. If no, please explain _____
12. Do you have access to adequate transportation to travel to and from work? ____

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Experience & Qualifications: (Please list below the skills and qualifications you possess for the position for which you are applying)

Previous Employment:

Job Title _____
Supervisor Name _____
Employer Address _____
City, State & Zip _____
Dates Employed _____
Reason for Leaving _____

Job Title _____
Supervisor Name _____
Employer Address _____
City, State & Zip _____
Dates Employed _____
Reason for Leaving _____

Job Title _____
Supervisor Name _____
Employer Address _____
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Certification and Authorization – Please read thoughtfully.

I certify that all facts contained in the application are true and complete and acknowledge that PROPHETSTOWN FARMERS MUTUAL INSURANCE COMPANY will rely on the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to PROPHETSTOWN FARMERS MUTUAL INSURANCE COMPANY. I also authorize PROPHETSTOWN FARMERS MUTUAL INSURANCE COMPANY to give references and provide information about me in response to inquiries subsequent to my employment if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if I am hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time by either PROPHETSTOWN FARMERS MUTUAL INSURANCE COMPANY, or myself. I also understand and agree that no one has authority to promise my job security or continued employment, except the Secretary/Treasurer of the company in formal written agreement signed by both of us.

Signature for Application

Date