



EMPLOYMENT APPLICATION

The Organizations are equal opportunity employers dedicated to a policy of compliance with all federal, state and local laws regarding nondiscrimination in employment. No question on this application is intended to secure information to be used for unlawful purposes. Applicants are considered for all positions without regard to race, color, religion, gender, ancestry or national origin, age, veteran and/or military status or any other characteristic protected by law. In addition, this Company does not discriminate on the basis of physical or mental disability where the essential functions of the job, as reasonably accommodated, do not require such distinction.

APPLICANT INFORMATION			
NAME (PLEASE PRINT) LAST FIRST MIDDLE		MAIDEN	
PRESENT STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
HOME TELEPHONE NUMBER ()	WORK TELEPHONE NO. ()	MOBILE TELEPHONE NO. ()	SOCIAL SECURITY NUMBER
IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE 18 YEARS OF AGE OR OLDER IF REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER WORKED FOR THE NCRB, NCRF or NCIGA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE DATE(S), DEPARTMENT(S):			
OTHER NAME UNDER WHICH YOU HAVE BEEN EMPLOYED: _____			
HAVE YOU EVER APPLIED OR SUBMITTED A RESUME TO THE NCRB, NCRF, NCIGA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MONTH/YEAR _____			
DO YOU HAVE A RELATIVE WORKING FOR THE NCRB, NCRF or NCIGA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE PROVIDE RELATIVE NAME (S), DEPARTMENT(S), AND RELATIONSHIP(S):			
HOW WERE YOU REFERRED? (PLEASE BE SPECIFIC)			
HAVE YOU EVER BEEN CONVICTED IN A COURT OF LAW TO AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?			
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN IN DETAIL. <i>Answering this question "yes" will not necessarily result in denial of employment, factors, such as age at time of offense; date of offense, remoteness of offense and terms of adjudication will be taken into account.</i>			
POSITION(S) APPLIED FOR:			
FIRST CHOICE: _____			
SECOND CHOICE: _____			
APPLICATION DATE	DESIRED START DATE	SALARY EXPECTED (CHOOSE ONE) (HOURLY OR ANNUAL)	
AVAILABILITY (CHECK DESIRED)			
STATUS: <input type="checkbox"/> ANY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY			

EDUCATION	CIRCLE LAST SCHOOL YEAR COMPLETED											
	HIGH				COLLEGE				GRADUATE			
	9	10	11	12	13	14	15	16	17	18	19	20
NAME OF SCHOOL(S) AND COMPLETE ADDRESSE(S)	FROM MO. YR	TO MO. YR	GRADUATE YES/NO	TYPE OF DEGREE	MAJOR	MINOR						
HIGH SCHOOL												
UNDER GRADUATE COLLEGE(S)												
GRADUATE COLLEGE(S)												
OTHER PROFESSIONAL TRADE, SECRETARIAL, ETC.												

PLEASE LIST ANY AWARDS YOU HAVE RECEIVED IN THE LAST 5 YEARS

THERE MAY BE A NEED TO COMMUNICATE WITH CUSTOMERS WHO DO NOT SPEAK ENGLISH. IF YOU ARE PROFICIENT IN A LANGUAGE OTHER THAN ENGLISH, PLEASE COMPLETE THE FOLLOWING SECTION.

LANGUAGE: _____ READ WRITE SPEAK

FREQUENCY OF USE: LOW MODERATE HIGH

PROFESSIONAL CERTIFICATION, LICENSE INFORMATION

SPECIALIZED TRAINING AND/OR EXPERIENCE

CERTIFICATIONS:	REGISTRATION OR CERTIFICATE #	DATE ISSUED	EXPIRATION DATE	RENEWAL #

MILITARY SERVICE

DO YOU HAVE ANY EXPERIENCE FROM MILITARY SERVICE THAT WOULD BE RELEVANT TO THE JOB(S) FOR WHICH YOU ARE APPLYING? IF YES, EXPLAIN IN DETAIL?

PROFESSIONAL MEMBERSHIPS
(PLEASE EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL YOUR SEX, RACE, RELIGION, NATIONAL ORIGIN, DISABILITY, OR OTHER PROTECTED STATUS.)

RECORD OF EMPLOYMENT

LIST ALL EMPLOYMENT FOR AT LEAST THE LAST 10 YEARS STARTING WITH YOUR MOST RECENT POSITION.

ARE YOU PRESENTLY EMPLOYED? YES NO

WHEN MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A WORK REFERENCE? NOW UPON ACCEPTANCE OF OFFER

COMPANY NAME		JOB TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		JOB DUTIES	
TELEPHONE ()	SUPERVISOR'S NAME		
DATES EMPLOYED FROM: TO:	SUPERVISOR'S TITLE	REASON FOR LEAVING	ENDING PAY RATE
COMPANY NAME		JOB TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		JOB DUTIES	
TELEPHONE ()	SUPERVISOR'S NAME		
DATES EMPLOYED FROM: TO:	SUPERVISOR'S TITLE	REASON FOR LEAVING	ENDING PAY RATE
COMPANY NAME		JOB TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		JOB DUTIES	
TELEPHONE ()	SUPERVISOR'S NAME		
DATES EMPLOYED FROM: TO:	SUPERVISOR'S TITLE	REASON FOR LEAVING	ENDING PAY RATE
COMPANY NAME		JOB TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		JOB DUTIES	
TELEPHONE ()	SUPERVISOR'S NAME		
DATES EMPLOYED FROM: TO:	SUPERVISOR'S TITLE	REASON FOR LEAVING	ENDING PAY RATE

REFERENCES**PERSONAL REFERENCES**

LIST TWO PEOPLE WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

NAME	ADDRESS	TELEPHONE	OCCUPATION
1.			
2.			

PROFESSIONAL REFERENCES

PLEASE LIST AT LEAST THREE PEOPLE FAMILIAR WITH YOUR SKILLS & ABILITY, PREFERABLY A SUPERVISOR, WHOM WE MAY CONTACT.

NO RELATIVES PLEASE.

NAME	ADDRESS	TELEPHONE	OCCUPATION
1.			
2.			
3.			
4.			

READ CAREFULLY BEFORE SIGNING

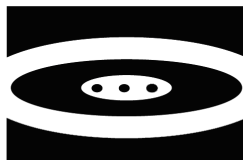
It is the goal of the NCRB, NCRF and NCIGA to employ the qualified individual who best matches the requirements for the position to be filled. I certify that the statements herein, including attachments are made truthfully without evasion and agree that the statements may be investigated and if found false may subject me to disqualification for employment or be sufficient reason for my dismissal. I authorize all schools which I attended and all previous employers to furnish to the NCRB, NCRF or NCIGA my record, reason for leaving and all information they may have concerning me and hereby release them and the NCRB, NCRF or NCIGA from all liability for any damage whatsoever arising therefrom. I further understand and agree that if offered employment by the Organizations, it will be on an at-will basis. This means that either the Organizations or I may terminate the employment relationship at any time for any reason, with or without cause.

 Applicant Signature

 Date

To finalize the application process, please be sure to complete the Notification and Release and Disclosure/Authorization Fair Credit Reporting Act forms provided.

NCRB-NCRF-NCIGA



north carolina
 RATE BUREAU
 REINSURANCE FACILITY
 INSURANCE GUARANTY ASSOCIATION

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 RALEIGH, NC 27616

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10/30/12