



**Missouri Employers Mutual Insurance  
APPLICATION FOR EMPLOYMENT**

**Equal Opportunity Employer  
Drug-Free Workplace**

**INSTRUCTIONS:** Please print. Complete entire application, attach additional sheets if necessary.

**PERSONAL INFORMATION**

Last Name	First	Middle	Position applying for:
Home Address – Street		City	State      Zip Code
Telephone Number - Home		Business	Alternate

If applicable to your profession, give association or licensing authority and certification, registration or license number.

**EDUCATION – GIVE YOUR COMPLETE EDUCATIONAL HISTORY BELOW**

High School graduate or equivalency (GED) certificate     Yes     No

HIGHER EDUCATION NAME AND LOCATION	MAJOR AND RELATED SUBJECTS	SEMESTER HOURS IN THOSE SUBJECTS	TOTAL SEMESTER HOURS IN ALL SUBJECTS	DEGREE EARNED

Name of relatives working for Missouri Employers Mutual Insurance. (Relatives are defined as: spouse, parents, children, grandparents, grandchildren, siblings, first cousins, in-laws, aunts, uncles, nephews, nieces (to include all blood, step and foster relationships.)

Name	Relationship	Department

**EMPLOYMENT RECORD**

List all positions that you have had during the last ten (10) years. List your present employer first (or if unemployed, your most recent employer). If more than one position has been held within a given organization, list each position or classification as a separate period of employment. Attach extra sheets if necessary. Be sure to indicate where this record of your experience may be verified.

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME?     Yes     No

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD AND DESCRIPTION OF DUTIES <small>Resume may be substituted for this section only.</small>	REASON FOR LEAVING
	MO	YR	MO	YR		
	Starting Salary		Ending Salary			
	TELEPHONE					
	NAME OF SUPERVISOR					
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD AND DESCRIPTION OF DUTIES <small>Resume may be substituted for this section only.</small>	REASON FOR LEAVING
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	MO	YR	MO	YR		
	Starting Salary		Ending Salary			
	TELEPHONE					
	NAME OF SUPERVISOR					

### CONDITIONS OF EMPLOYMENT WITH MISSOURI EMPLOYERS MUTUAL INSURANCE

- Are you at least 18 years of age and legally eligible for work in the United States?  Yes  No
- You may be required to work outside of your normal work schedule, including early mornings, nights or weekends. Would you accept this condition?  
 Yes  No
- You may be required to travel. Would you accept this condition?  Yes  No
- Missouri Employers Mutual Insurance is a drug-free workplace; all employees are subject to post-offer, random and/or for cause testing. Would you accept this condition?  Yes  No
- Have you ever been convicted, found guilty, pled guilty or no contest, or received a suspended imposition of sentence, for any law violation, other than minor traffic violations, or are you now under charges for any offense?  Yes  No (If yes, this does not necessarily exclude you from consideration for employment. MEM will consider the relationship between the criminal conduct and the duties of the position.) Provide a full explanation including dates of all convictions, guilty pleas or findings of guilt (including an SIS) and current charges, including misdemeanors or felonies, and indicate whether you are currently on or have been on supervised or unsupervised probation.**  


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### READ VERY CAREFULLY BEFORE SIGNING

I HEREBY CERTIFY that this application does not contain willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should a post-offer background check or any subsequent investigation disclose any such misrepresentation, falsification, or concealment as to a material fact, it will be sufficient grounds for rejection of my application and/or removal from employment.

I hereby authorize Missouri Employers Mutual Insurance Company (MEM) to investigate, obtain and compile information concerning my employment history; to contact references supplied by the applicant or former employer; to obtain a copy of my college transcript(s); and to conduct ongoing record reviews of information related to my driving record and/or criminal history. I release MEM from any legal liability that may result from these investigations.

I understand that if I am hired by MEM, my employment is "at-will", which means that MEM and I are both free to terminate the employment relationship at any time, for any reason and no reason. I further understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

SIGNATURE

DATE