

**To Applicant** We appreciate your interest in our company and we are interested in reviewing your qualifications for our current open positions. To make this the best possible match between your skills and experience and our requirements, we need a clear and accurate understanding of your background.

**Instructions** Please fill in all blanks carefully and completely. Resumes are not accepted in lieu of a completed application, but treated as supplemental information. Please print and use ink. You must sign the bottom of the "Reference Statements" section.

## Work Preference

Position applying for	Monthly/Hourly compensation desired (US \$)	Today's date
Employment Category <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Date available for work	

## Personal Data

Social security number - -	Home phone number ( ) -	Business phone number ( ) -	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name (Last, First, MI)

Current Address (number, street and apartment) City State Zip

1. Have you ever worked for NCMIC? Include subsidiaries, affiliates or acquired companies.  Yes  No  
If yes, give name(s) of company, date(s) employed and location(s):

2. Are any of your family or household members employed by NCMIC?  Yes  No  
*Members of the same family may be employed by NCMIC; however, there are some restrictions.*  
If yes, list name(s) and department(s):

3. Will you travel if the job requires it? *If you are not 18 years of age, the state in which you work may require you to furnish documents authorizing you to work.*  Yes  No

4. Can you, upon employment, provide documented proof establishing your identity and eligibility to work in the United States?  Yes  No  
*All new hires must provide proof of identity and employment eligibility upon hire in accordance with the Immigration Reform and Control Act of 1986.*

5. Have you ever been involuntarily discharged or asked to resign from a position?  Yes  No  
If yes, please explain below:

6. Have you been convicted of any felony or misdemeanor within the past 10 years?  Yes  No  
If yes, please explain below: *Evidence of a conviction on your record will not necessarily bar employment.*

## References

1. Name	Phone number ( ) -	Relationship <input type="checkbox"/> Professional <input type="checkbox"/> Personal
2. Name	Phone number ( ) -	Relationship <input type="checkbox"/> Professional <input type="checkbox"/> Personal
3. Name	Phone number ( ) -	Relationship <input type="checkbox"/> Professional <input type="checkbox"/> Personal

## Employee Data

Please fill out this section completely. Do not indicate "refer to resume." List all current and former employers for the last 10 years, beginning with the most recent employer. Include military service and self-employment.

Resumes are accepted as supplemental information. If additional information is attached, please check here.

Are you currently employed?  Yes  No      If yes, may we contact your current employer?  Yes  No

### 1. Present Employer

Phone number  
(    )    -

Address

City

State

Zip

Job title

Dates employed From (mo/yr) To (mo/yr)

Job duties

Monthly/hourly compensation

Weekly scheduled hours

\$

Did you voluntarily terminate your employment?  Yes  No      Please explain your reason for leaving below:

Immediate supervisor

May we contact for a reference?  
 Yes  No

Phone number  
(    )    -

### 2. Employer

Phone number  
(    )    -

Full name while employed (if different)

Address

City

State

Zip

Job title

Dates employed From (mo/yr) To (mo/yr)

Job duties

Monthly/hourly compensation

Weekly scheduled hours

\$

Did you voluntarily terminate your employment?  Yes  No      Please explain your reason for leaving below:

Immediate supervisor

May we contact for a reference?  
 Yes  No

Phone number  
(    )    -

### 3. Employer

Phone number  
(    )    -

Full name while employed (if different)

Address

City

State

Zip

Job title

Dates employed From (mo/yr) To (mo/yr)

Job duties

Monthly/hourly compensation

Weekly scheduled hours

\$

Did you voluntarily terminate your employment?  Yes  No      Please explain your reason for leaving below:

Immediate supervisor

May we contact for a reference?  
 Yes  No

Phone number  
(    )    -

### 4. Other employer

### 6. Other employer

### 5. Other employer

### 7. Other employer

## Educational Background

Educational institution(s) attended	Year(s) completed				Degree received
	1	2	3	4	
	1	2	3	4	
	1	2	3	4	
	1	2	3	4	

List specific licenses, certifications (for example, CPA or series 7).

List specific knowledge/skills

Office machinery/equipment

10 key by touch (wpm)

Data entry/CRT (wpm)

PC software (for example, MSWord or MSEXcel).

List other skills that you feel would be useful in the position for which you are applying (for example, second language).

## Referral Information

Where did you hear about this job? (Check one and indicate specific source below.)

- Business referral (customer) \_\_\_\_\_  Internet \_\_\_\_\_  Print advertisement \_\_\_\_\_
- School referral \_\_\_\_\_  College source \_\_\_\_\_  State employment division \_\_\_\_\_
- Temporary agency \_\_\_\_\_  Walk-in \_\_\_\_\_  Employment agency \_\_\_\_\_
- Community organization \_\_\_\_\_  Professional event/Job fair \_\_\_\_\_  Former employee \_\_\_\_\_
- Employee referral (name) \_\_\_\_\_  Other source \_\_\_\_\_

## Additional Information

### Persons with Disabilities/Vietnam Veterans, Disabled Veterans and other Covered Veterans.

The Americans with Disabilities Act ("ADA") and Section 503 of the Rehabilitation Act of 1973 prohibit employment discrimination against qualified individuals with disabilities. Similarly, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended by the Veterans Employee Opportunity Act of 1998, eliminates barriers to employment to veterans. NCMIC is covered under these laws and willingly complies with them.

### An Equal Opportunity Employer.

NCMIC is committed to equal opportunity for all. This policy governs our business activities in a manner which provides equal opportunity and treatment without regard to race, religion, gender, national origin, age, disability, veteran status, creed, color, sexual orientation, gender identity, or any other classification protected by federal, state, or local law.

## Smoke-Free Air Act

NCMIC Group is in full compliance with the Iowa Smoke Free Air Act by maintaining a smoke free workplace. Smoking is prohibited in all parts of the building, in company vehicles, and on the property except in the designated outdoor smoking area.

## Reference Statements

Please read the following statements and ask for clarification, if needed, before you sign this section.

I certify that all my answers on this application are true and complete. I understand that the falsification, omission or misrepresentation of fact on this application (or any other accompanying or required documents) may be cause for denial of employment or immediate termination of employment if hired, regardless of when or how discovered. I also authorize the investigation and verification of all statements and information contained in this application. I authorize the company and/or its agents to verify any of this information including, but not limited to criminal history, employment credit reports and motor vehicle driving records. I release from all liability anyone supplying such information and I also release NCMIC from all liability that might result from conducting an investigation.

### If I am hired by NCMIC I understand and agree that:

Employment is at will and can be terminated for any reason with or without cause and with or without notice, at any time, at the option of NCMIC or myself. This employment application becomes part of the terms and conditions of employment.

Signature **X**

Date

Thank you for your interest in employment with NCMIC. We are pleased that you have taken the time to share your qualifications with us. Your application will be carefully reviewed. If we find a match between our needs and your background, we will contact you. Due to the volume of responses we receive, we may only notify you to schedule an interview. Again, thank you for your interest in NCMIC.

The information requested on this page is for completion of government reporting on applicants. NCMIC believes that all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants because of race, religion, gender, national origin, age, disability, veteran status, creed, color, sexual orientation, gender identity, or any other classification protected by federal, state, or local law. The information below will be used only in the compilation of data for government reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Please return this page with your application.

### Please Complete in Full

Name (Last, First, MI)

Today's date

Position applied for

Social security number

Date of birth (Month/Day/Year)

Sex

- -

Male  Female

### Race/Ethnic Data

Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

Are you Hispanic or Latino?  Yes  No

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

If no, what race are you?

**White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black or African American (not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (not Hispanic or Latino):** A person having origins in any of the original peoples of North America or South America (including Central America), and who maintains tribal affiliation or community attachment.

**Two or more races (not Hispanic or Latino):** All persons who identify with more than one of the above five races.

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## Disabled/Veteran Classification(s):

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Please check one or more of the following if they apply to you:

- \_\_\_\_\_ **Individual with Disabilities** – Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).
- \_\_\_\_\_ **Special Disabled Veteran** – Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (I) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.
- \_\_\_\_\_ **Veteran of the Vietnam Era** – Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.
- \_\_\_\_\_ **Other Eligible Veteran** – Defined as any veteran who served in a “war” declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.



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