EMPLOYMENT APPLICATION



Arkansas Farm Bureau Federation and Affiliated Companies



10720 KANIS ROAD / LITTLE ROCK, ARKANSAS 72211 / (501) 224-4400

Please prir	nt and answer all qu	uestions fully. Use	ink. If a qu	estion does no	ot apply to you	write the wo	rds "NO	OT APF	LICAB	LE" as	the answer.
NAME	(Last)	((First)		(Mic	ddle)		Social :	Security N	lumber	
ADDRESS	(No.)	(Street)						Teleph	one Numl	per	
	(City)	(Stat	te)		(Zip Coo	de)		Home .	ng at this		Other
										Section 2	
				EDUCA	TION				CT VE		
16-6	NAN	/IE	LO	CATION	M	IAJOR	CII	COMPI	ST YEA ETED	K	DEGREE
High School							1	2	3	4	
Business School							1	2	3	4	
College or University							1	2	3	4	
Graduate Work							1	2	3	4	
Other							1	2	3	4	
		SKILL -	- KNC	WLED	GE – A	PTITU	DES				Action with
Check any	of the following in	which you have	had training	g or experienc	e.						
	strative / Clerical		□ Softwa	re (Please state	e)		J Sales	/ Mar	keting		
	WPM						J Finar		•		a 2000
☐ Compu	tor / 10 Key			montal / Dalit							nunications
☐ Program				nmental / Politi			J Othe	r (Plea	se Sta	te)	
-	Word Processing		☐ Manag	tural / Commo	odities		-		ŢĹ		
_ Duta / ·	vora Processing		D Warray	ement							
		C	ENER	AL INF	ORMA'	TION					1
Have you b	peen employed here	e previously?	☐ Yes	□ No	country be	revented from ecause of visa	or imn	nigration	on stat	us?	☐ Yes ☐ No
Have you e	ever applied here be	efore?	☐ Yes	☐ No		enship or immigrati					
Are you at	least 18 years old?		T Van	7 N		ever been cor will not necessarily					Yes
Are you at	least 16 years old?		☐ Yes	☐ No	If yes, plea	ase explain					
Are you rel	ated to anyone in c	our employ?	☐ Yes	□ No							
Type of Wor	k Desired			Starting Salary	y Expected	Date Avail	able	T 1	How we	ere you	referred?
EMP	LOYMEN	T RECOF	RD — s	tarting wit	h present o	or most re	cent,	list p	revio	ous e	mployers
9				NT OR LA						0	建建
Company							Phone		,		
Address							AC ()		
Employed from			loyed		Position	Title					
mmediate	MO DAY YE	AR to	М	O DAY YEA		Colomi			Le	- I' - C I	
					Starting \$	Salary				nding Sal	ary
Primary Responsi	bilities and Duties				•				1,		
	-										
					Reason for Lea	aving					
Number of days	absent while employed by th	is employ-	Yo	u 🗇 MAY	☐ MAY NO	OT Contact	mv p	resent	empl	over.	2
							., P			, 5	

	PREVIOUS EM	PLOYER	
Company		Phor AC	
address			
Employed from MO DAY YEAR	Employed to MO DAY YEAR	Position Title	
nmediate Supervisor	We DAI IDAN	Starting Salary	Ending Salary
rimary Responsibilities and Duties			
		Reason for Leaving	
umber of days absent while employed by this employer?			
	PREVIOUS EM	PLOYER	
ompany		Phon AC	
ddress			
Employed From MO DAY YEAR	Employed	Position Title	
nmediate Supervisor		Starting Salary	Ending Salary
imary Responsibilities and Duties		\$	\$
		Reason for Leaving	
lumber of days absent while employed by this employer?			
Line	PERSONAL REFI	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
NAME		PLACE OF EMPLOYMENT	
FULL ADDRESS	(No. & Street)	(City & Sta	te)
HOME PHONE	WORK PHONE	NUM	MBER OF YEARS ACQUAINTED
NAME	'	PLACE OF EMPLOYMENT	
FULL ADDRESS	(No. & Street)	(City & Sta	te)
HOME PHONE	WORK PHONE	NUN	MBER OF YEARS ACQUAINTED
NAME	•	PLACE OF EMPLOYMENT	
FULL ADDRESS	(No. & Street)	(City & Sta	te)

APPLICANT READ CAREFULLY

An Equal Opportunity Employer

The Company maintains a policy of non-discrimination with employees and applicants for employment. No aspect of employment with the Company will be influenced in any manner by race, color, religion, sex, age, national origin, disability, marital status or any other basis prohibited by State and Federal laws.

Applicant's Statement

I certify that the information contained in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may result in my dismissal from employment if discovered at a later date. I agree to immediately notify the company if I should be convicted of a felony, or any crime involving dishonesty or breach of trust while my job application is pending, or during my period of employment, if hired.

I agree to conform to the rules and regulations of the Company, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I further understand that no recruiter or interviewer or other representative of the Company has any authority to enter into any agreement for employment for any specified period of time.

All applications for employment will be retained on file for one (1) year, however, applications over 90 days old will no longer be eligible for consideration for future job openings. Applicants wishing to continue to be considered after 90 days should reactivate their application by contacting the Human Resources Department to complete a new application.

Information Release Authorization

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize the Company to (1) investigate, or cause to be investigated, the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information; and (3) discuss the results of any investigation with other employees of the Company involved in the hiring process. The Company may, in processing my employment application, also request that an investigative consumer report be prepared, which may include information as to my character, general reputation, personal characteristics and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the Human Resources Department of the Company within a reasonable time after I have completed this application, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. In addition, I give my consent to all contacted persons including former employers to provide information concerning this application, and I release each such person from liability for providing information to the Company.

Appl	Applicant's Signature			Date
	INT	ERVIEWER: F	LL IN THIS SPACE	Ε
Interviewed by			Date	
Position considered			Telepho	one Ext. #
Date Placed on Payroll	Grade Level	Dept		Beginning Salary

Disclosure and Authority to Release Information

To process your application with Arkansas Farm Bureau Federation Company, an investigative consumer report (background check) may be conducted by Verified Credentials, Inc. In accordance with the U.S. Fair Credit Reporting Act § 606, we notify you of the following: A background check report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

ii currently employ	ed, may your current employer be con	ntacted? \Box Yes	□ No	
I request a copy of	the report.	□ Yes	□ No	
	llowing and, if acceptable, autho red by Verified Credentials, Inc		n investigative co	nsumer
AUTHORI	ZATIONTO PREPARE INVES	STIGATIVE CON	SUMER REPORT	Γ
I authorize the appropriate of the properties of the same consistency for the same constant of the same constant o	opriate individuals, companies, institue paration of an investigative consume me.	utions or agencies to er report on me and	release information to respond to all inqu	uiries
Legal Last Name	Legal First Name Legal Middle	Name		_
Street Address				_
City State Zip Code				_
Please list any addition	al addresses you have lived, worked and at	ttended schools in duri	ng the past 7 years:	
City	State City		rate	_
City	State City	7	State	_
Other Name(s) Used	and Date(s) Changed:			
		1	/ □ Commerc	cial
Drivers License Numb	ber State Issued Issue Date Expire	ation Date Date of		ass "D"
BE ACCEPTED WI	HOTOCOPY AND/OR AN ELECTRO TH THE SAME AUTHORITY AS TH DMPANY THIS AUTHORIZATION ' I.	ONIC COPY OF THE	S AUTHORIZATIO IF EMPLOYED BY	ON TO THE
Signature	Social Security Number	Date		