



Erie Mutual Insurance Employment Application Form

PLEASE COMPLETE REQUESTED INFORMATION (PLEASE PRINT OR TYPE)

Applicant Information		
Full Name:		
Address:		
City:	Province:	Postal Code:
How long:	Email:	
Primary Number: ()	Cell Phone Number: ()	
Are you legally eligible to work in Canada? Yes No		
Are you of legal age to work in Ontario? Yes No		
Have you ever been bonded? Yes No Has bond ever been refused? Yes No		
Do you have a valid Ontario Driver's License? Yes No		
What is your means of transportation to work?		
Have you had any accidents during the past three years?		How many? _____
Have you had any moving violations during the past three years?		How many? _____
Have you ever interviewed with Erie Mutual Fire Insurance Co.? Yes No		
Have you ever worked for us before? Yes No If yes: Year(s) _____		
Do you have a family member, relative or friend who works at Erie Mutual? Yes No		
Name:		
Have you ever been convicted of a criminal offence? Yes No		
Has a pardon been granted? Yes No		
If yes, please provide details regarding the nature of the offence(s):		
(a criminal conviction may be a bar to employment)		



TELL US WHAT YOU ARE LOOKING FOR:

Position Desired:

Salary Range Desired:

TELL US ABOUT YOUR EDUCATION:

<i>Type of School</i>	<i>Highest Grade/ Year Completed</i>	<i>Name of School and Course of Study or Major</i>	<i>Date Attended</i>
Secondary School or equivalent			
College or University			
Vocational/Trade School			
Graduate School			
Other			

List any active other memberships, certifications or licenses you currently possess:

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EMPLOYMENT HISTORY:

List your employment history up to and including the **past three years** beginning with the most recent place of employment. If self-employed, please list the business name.



<i>Employer One</i>	
Where did you work? (name of company and phone number)	
Start Date:	End Date:
What was your position?	
What were your duties/responsibilities in this position? List any advancements or promotions received while you worked at this company.	
Why did you leave? (be specific)	
May we call your supervisor? Yes No	Supervisor Name:
	Supervisor Contact Information:

<i>Employer Two</i>	
Where did you work? (name of company and phone number)	
Start Date:	End Date:
What was your position?	
What were your duties/responsibilities in this position? List any advancements or promotions received while you worked at this company.	
Why did you leave? (be specific)	
May we call your supervisor? Yes No	Supervisor Name:
	Supervisor Contact Information:



<i>Employer Three</i>	
Where did you work? (name of company and phone number)	
Start Date:	End Date:
What was your position?	
What were your duties/responsibilities in this position? List any advancements or promotions received while you worked at this company.	
Why did you leave? (be specific)	
May we call your supervisor? Yes No	Supervisor Name:
	Supervisor Contact Information:

TELL US MORE ABOUT YOURSELF:

Why do you want to work for Erie Mutual Fire Insurance Co.?
How would you describe great customer service?
What are the things you liked about your previous jobs?
What are some of the things you did not like about your previous jobs?



REFERENCES:

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

Name	Telephone #	Relationship	# of Years Known

VOLUNTEERING:

Please provide a brief summary of your Volunteer activities.

APPLICANT SIGNATURE:

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below).

Your authorization on this application form is your consent that as a condition of being considered for employment at Erie Mutual Fire Insurance Co., references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.

Signature			
Date Signed		Earliest Available Start Date	