

Midwest Agency LLP
201 South 84th
Lincoln, NE 68510

APPLICATION FOR AGENT APPOINTMENT

Thank you for your interest in our companies. Please be aware that none of the questions on this application is intended to imply illegal preferences or discrimination based upon non-job-related information.

**PLEASE PRINT PLAINLY, COMPLETING THIS APPLICATION IN FULL.
USE ADDITIONAL SHEETS OF PAPER IF NECESSARY. THANK YOU.**

PERSONAL DATA

Last Name	First Name	Middle Name	Date
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Present Street Address	City	State	Zip Code
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Social Security Number _____ - _____ - _____ Phone Number _____

When are you available to begin work? _____

How did you learn about us?

Advertisement Relative Other _____

Friend Walk-In

Do you have a valid Drivers License? Yes No

Have you had your Drivers License suspended or revoked in the last three years?..... Yes No

If yes, give details : _____

An Equal Opportunity Contracting Company

We do not discriminate on the basis of race, religion, national origin, color, sex, age or disability. It is our intention that all applicants be given equal opportunity and that selection decisions be based on job-related factors.

ORGANIZATIONS

List professional, trade, business or civic organizations and offices held. _____

GENERAL

Were you ever employed at Farmers Union Insurance?..... Yes No When ? _____

Have you previously applied at Farmers Union Insurance? Yes No When ? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details: _____

A "yes" answer will not automatically disqualify your application, since the nature and date of the offense are also considered.

EDUCATION

Name and Address of Schools:	Number of Years Completed	Diploma, Degree or Certificate
High School or GED: _____		
College or University: _____ College Major: _____		
College or University: _____ College Major: _____		
Additional Education, Vocational and/or Technical Training Information:	Number of Years Completed	Diploma, Degree or Certificate
School: _____		
Subjects Studied: _____		
School: _____		
Subjects Studied: _____		

WORK HISTORY

List names of employers or contracting companies in consecutive order with present or most current employer or contracting company first. Account for all periods of time including military service and any periods of unemployment. PLEASE GIVE MONTH AND YEAR.

I	Name of Employer/Contracting Company _____ Address _____ City, State, Zip Code _____ Telephone _____ Name of Last Supervisor _____	Dates from _____ to _____ Beg. Compensation \$ _____ End Compensation \$ _____ Reason for Leaving: _____
	Title _____	
	Duties _____	
II	Name of Employer/Contracting Company _____ Address _____ City, State, Zip Code _____ Telephone _____ Name of Last Supervisor _____	Dates from _____ to _____ Beg. Compensation \$ _____ End Compensation \$ _____ Reason for Leaving: _____
	Title _____	
	Duties _____	
III	Name of Employer/Contracting Company _____ Address _____ City, State, Zip Code _____ Telephone _____ Name of Last Supervisor _____	Dates from _____ to _____ Beg. Compensation \$ _____ End Compensation \$ _____ Reason for Leaving: _____
	Title _____	
	Duties _____	
IV	Name of Employer/Contracting Company _____ Address _____ City, State, Zip Code _____ Telephone _____ Name of Last Supervisor _____	Dates from _____ to _____ Beg. Compensation \$ _____ End Compensation \$ _____ Reason for Leaving: _____
	Title _____	
	Duties _____	

May we contact the employers/contracting companies listed on the previous page? Yes No

If not, indicate by number which one(s) you do not wish us to contact: _____

Have you worked or attended school under any other names? Yes No

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

SPECIAL SKILLS

Do you have special skills or training related to working as an insurance agent? _____

GIVE THREE REFERENCES, EXCLUDING RELATIVES.

Name	Address	Phone

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in termination of my contract if discovered at a later date.

I understand that you may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for 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.

I authorize the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer/contracting company, past employer/contracting company and organization to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand if I am extended an offer, it may be conditioned upon my successfully passing a complete physical examination. I consent to the release of any and all medical information as may be deemed necessary to judge my capability to be an insurance agent.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a drug screen as a condition of appointment, if required.

I have read, understand, and by signature consent to these statements.

Signature: _____ Date: _____

This application will remain active for a limited time. Ask our companies' representative for details.