

Starting with your present or most recent employer, including military service assignments, **please give complete information as indicated. Please account for all periods of unemployment in this section.**

Date, Month and Year	Name, Address and Phone # of Employer	Immediate Supervisor	Salary	Position	Reason for Leaving
From To					
From To					
From To					
From To					

Business References:

Applicant's Statement:

I certify that the answers given herein are true and complete. I understand that false or misleading information stated in this Employment Application or any employment interview(s), may lead to discharge in the event I am employed by Mang Insurance Agency, LLC, Inc. or one of its affiliates.

I understand that if employed I will be required to abide by all policies, rules and regulations of Mang Insurance Agency, LLC, Inc. in order to maintain employment, and that the rules, regulations and work hours are subject to change.

I also understand and acknowledge that unless otherwise defined by applicable law, any employment relationships with Mang Insurance Agency, LLC, Inc. are of an "at will" nature, which means that I may resign at any time and I may be discharged at any time, with or without cause.

Note: This application should be accompanied with three (3) enclosures:

- 1) Disclosure authorization to obtain consumer report**
- 2) Voluntary self-identification**
- 3) Release**

Please complete each form and submit to Human Resources with your application. If you do not wish to self identify, your name and the date will suffice.

Signature of Applicant

Date

An Equal Opportunity Employer M/F/V/D

Disclosure Authorization to Obtain Consumer Report

In connection with my application for employment with Mang Insurance Agency or its affiliate(s), I authorize the Company to obtain a Consumer Report for employment purposes. I understand that the Consumer Report may contain information about my background, character, general reputation, mode of living, creditworthiness and past job performance. I also understand that information contained in the Consumer Report may be obtained through personal interviews of my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning these matters. I understand that in the event the Company takes an adverse employment action based in whole or in part on the information contained in the Consumer Report, I have a right to request an additional disclosure concerning the nature and scope of the investigation conducted and reflected in the Consumer Report. I understand that my request must be in writing. I understand that in the event the Company takes adverse employment action against me based in whole or in part on the Consumer Report, the Company will provide me with a copy of the Consumer Report and a written summary of my rights under the Federal Fair Credit Reporting Act ("FCRA"). I understand that in the event the Company takes any adverse employment action against me based in whole or in part on the Consumer Report, pursuant to FCRA, I have a right to dispute the accuracy of information in the Consumer Report by contacting the consumer reporting agency used at the time. I understand that upon my request I will be informed whether or not a Consumer Report was requested, and if such report was requested, I will be provided with the name and address of the Consumer Reporting Agency that furnished the report. I understand that I may have additional rights under state law, which I may determine by contacting my state or local Consumer Protection Agency.

Name

Social Security No.

Signature

Date

Release

I hereby release the Mang Insurance Agency, LLC or its affiliate(s), The Consumer Reporting Agency, their officers, agents, employees, and servants from any liability arising from the preparation of the Consumer Report or investigations relating thereto.

I authorize all persons, schools, companies, corporations, credit bureaus, courts and law enforcement agencies to release the following information without restriction or qualification to the Consumer Reporting Agency. I authorize the National Personnel Records Center or any other custodian of my military personnel and related records to release the following information without restriction or qualification to the Consumer Reporting Agency. (This may include a photocopy of my DD214, Report of Separation). The information that I authorize to be released is that which bears on my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, past performance or mode of living, including but not limited to matters of opinion relating thereto. I voluntarily waive all recourse and release the Company, the Consumer Reporting Agency, and all persons herein described from liability for complying with this Authorization. I am willing that a photocopy of this Authorization be considered as effective and valid as the original.

I understand that any offer of employment will be contingent upon the results of a number of factors, including, but not limited to, information developed in obtaining a Consumer Report, should one be conducted.

Name

Social Security No.

Signature

Date



Employment Application Self-Identification Form

The following information is being requested for Government reporting purposes and to measure our good faith outreach efforts. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

Name _____ Date _____

Position Applied For: _____ Search Number _____

Referred by: _____

Gender

- Female
- Male

Race

- Hispanic or Latino
- White
- Black or African American
- Asian
- Native Hawaiian/Pacific Islander
- American Indian or Alaska Native
- Two or More Race (Not Hispanic or Latino)
- I choose not to provide this information

Veteran Status

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a Government Contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake.

- I identify as one or more of the classifications of protected veteran listed below.
- I am not a Protected Veteran
- I choose not to provide this information.

Definitions:

Qualified Disabled Veteran – a veteran of the US military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service related disability.

Recently Separated Veteran – any Veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

Active Duty Wartime or Campaign Badge Veterans - a veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign badge has been authorized, under the laws administered by the Department of Defense.

Armed Forces Service Medal – any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Veteran of the Vietnam Era – person who served on active duty for a period of more than 180 days, and was discharged or released there from with other than dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between 2/28/61, and 5/7/75, or between 8/5/64 and 5/7/75 in all other cases.

Definitions:

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

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

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the 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 and South America (including Central America), and who maintain 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.