



A Tradition of Service, Founded on Trust.®

Employment Application

Equal Opportunity Employer

183 Leader Heights Road
PO Box 2726
York, Pennsylvania 17405
(717) 741-0911
(800) 233-1957
Fax: (717) 747-7098
www.glatfelters.com

(Federal, state and local laws prohibit illegal discrimination because of race, color, age (40 and over), gender, religion, creed, national origin, ancestry, veteran or marital status, disability or sexual orientation.)

All information will be treated confidentially.

Today's Date _____

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Last Name		First Name		Middle Initial
Address		City	State	Zip
Home Phone ()		Are you 18 or more years of age?		
Cell Phone ()		<input type="checkbox"/> Yes <input type="checkbox"/> No		
How were you referred to Glatfelter Insurance Group? Newspaper _____ Internet _____ Other _____				
Do you know anyone employed by Glatfelter Insurance Group?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If so, whom _____ Relationship _____				
Position Desired		<input type="checkbox"/> Full Time		
		<input type="checkbox"/> Part Time What Hours? _____		
Expected Salary			Date Available to Work	
Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(If offered employment, you will be required to provide documentation to verify eligibility.)				

Please list professional references (including one past supervisor, if possible).

	Name	Address	Phone	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Employment Record

Begin with most recent employer

1	Company _____		Job Title _____	Department _____
	Address _____		Phone _____	
	Supervisor's Name _____		Salary _____	
	Start Date ____/____/____		Leave Date ____/____/____	
	Reason for leaving: _____ _____			
2	Company _____		Job Title _____	Department _____
	Address _____		Phone _____	
	Supervisor's Name _____		Salary _____	
	Start Date ____/____/____		Leave Date ____/____/____	
	Reason for leaving: _____ _____			
3	Company _____		Job Title _____	Department _____
	Address _____		Phone _____	
	Supervisor's Name _____		Salary _____	
	Start Date ____/____/____		Leave Date ____/____/____	
	Reason for leaving: _____ _____			
4	Company _____		Job Title _____	Department _____
	Address _____		Phone _____	
	Supervisor's Name _____		Salary _____	
	Start Date ____/____/____		Leave Date ____/____/____	
	Reason for leaving: _____ _____			

Are there any employers listed above you do not want us to contact? Yes No

If so, which one(s) and why _____

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School	City/State	Course of Study	Scholastic Average	Highest Grade Completed	List Diploma or Degree
High					
College					
Other					

COMPUTER SKILLS: Check software programs in which you have basic skills.

Microsoft Word
 Microsoft Access
 Microsoft Outlook
 Microsoft Excel
 Microsoft Powerpoint
 Others _____

**Licensure
Registration
Certification**

Type	Number	Agency	Year Acquired	State

**Military
Service**

Date Inducted	Date Separated	Branch

Duties and Rank _____ Any Reserve Obligation _____

Have you ever pleaded guilty to or been convicted of a felony or misdemeanor (excluding convictions which have been annulled or expunged)? If yes, give details of the offense.

Please note that a conviction record will not necessarily prevent employment at Glatfelter Insurance Group. Such factors as nature of offense and other aggravating and mitigating circumstances will be considered.

Please describe other characteristics you have which make you a qualified candidate.

Please read carefully before signing below.

1. I certify and acknowledge that the information on this application is, to the best of my knowledge, accurate, true and correct. I understand that any false statements or material omissions on this or any other employment form may result in refusal of employment or dismissal from employment.
2. **If employed, I understand I will be an at-will employee; meaning I have the right to terminate my employment at any time without notice, and, similarly, the company has the right to terminate my employment, without notice, at any time and for any or no reason.**
3. I consent to take any physical examinations, including tests for alcohol or drugs that may be requested by Glatfelter Insurance Group: (1) after an offer of employment, but before beginning work; and (2) while working for the Company as permitted by law. I authorize any health care professional who performs such an examination to release such information to Glatfelter Insurance Group.
4. I grant Glatfelter Insurance Group the right to investigate my employment background and I hereby release, discharge and hold harmless Glatfelter Insurance Group from any and all liability arising out of, related to or resulting from such verification process
5. I understand that Glatfelter Insurance Group may test my various job skills or aptitudes as applicable to the job for which I am applying.
6. I understand that all phases of employment at Glatfelter Insurance Group are based strictly on the qualification of the individual as related to the work requirements of the positions. This policy is applied without regard to race, religion, color, sex, national origin, ancestry, age (40 and over), disability, veteran status or any other category covered by applicable law.

I have read this Employment Application and I understand its contents.

Signature

Date

The Glatfelter Insurance Group Mission

The Glatfelter Insurance Group is an associate-owned marketing organization which provides insurance, risk management services and non-insurance services for customers in carefully chosen markets. Our highly skilled and dedicated associates create opportunities by understanding customer expectations and striving to exceed them. We value entrepreneurial spirit, personal integrity, teamwork, mutual respect, professional development, long-term relationships and community involvement. We are in business to solve problems for our customers, create opportunities for our associates, earn a fair profit for our owners and contribute to the well-being of the communities we serve.