

Date: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_  
Last First Middle

# Application for Employment



PO Box 645  
Brenham, TX 77834  
(979) 836-5224  
[www.germaniainsurance.com](http://www.germaniainsurance.com)

**Germany  
Farm Mutual  
Insurance  
Association**

**Germany  
Insurance  
Company**

**Germany Fire  
& Casualty  
Company**

**Germany  
Select  
Insurance  
Company**

**Germany Life  
Insurance  
Company**

**Germany  
General  
Agency, Inc**

**Germany  
Purchasing  
Group**

**Germany  
Credit Union**

# Application for Employment

Germania is an equal employment opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

(PLEASE PRINT)

Date of Application \_\_\_\_\_  
(This application is void after 180 days)

Position(s) applying for: \_\_\_\_\_

Applying for:  Full-time  Part-time  Temporary  Summer Employment

On what date would you be available for work? \_\_\_\_\_

Salary requirement \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Previous address(es) if lived at above address less than 5 years.

Number Street City State Zip Code

Number Street City State Zip Code

Number Street City State Zip Code

*If hired, Federal Law requires that you furnish documentation establishing your identity and eligibility to work in the United States:*

Do you have United States citizenship or authorization from the Immigration & Naturalization Service to work in the U.S.?  Yes  No

Have you ever been convicted, pled guilty, nolo contendere (no contest), or received deferred adjudication for violation of any law other than minor traffic violations?  Yes  No If Yes, please explain \_\_\_\_\_

(Conviction of a crime will not necessarily be used as an absolute bar to employment)

Are you willing to work overtime (including holidays and weekends if necessary)?  Yes  No

Do you have any restrictions on days you cannot work?  Yes  No

P  
E  
R  
S  
O  
N  
A  
L

**Please list all positions starting with present or most recent employer. If you need additional space, please continue on a separate sheet of paper. Complete even if resume provided.**

**E  
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P  
L  
O  
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M  
E  
N  
T**

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed-Month & Year  
City, State, Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Salary-Start \$ \_\_\_\_\_  
Your Job Title & Description of Duties \_\_\_\_\_ Ending \$ \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed-Month & Year  
City, State, Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Salary-Start \$ \_\_\_\_\_  
Your Job Title & Description of Duties \_\_\_\_\_ Ending \$ \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed-Month & Year  
City, State, Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Salary-Start \$ \_\_\_\_\_  
Your Job Title & Description of Duties \_\_\_\_\_ Ending \$ \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed-Month & Year  
City, State, Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor \_\_\_\_\_ Salary-Start \$ \_\_\_\_\_  
Your Job Title & Description of Duties \_\_\_\_\_ Ending \$ \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact the above listed employers?  Yes  No  
If not, please indicate the employers you do not wish us to contact.

**Unemployment Record**

Account for all periods of unemployment of 2 weeks duration or more in the last 10 years.

From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ State what you were doing this period of time  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School	Name and location of school	Course of study	Years completed	Did you graduate?	Degree or diploma	Dates of Attendance from/to
<b>E D U C A T I O N</b>	High School					
	College					
	Technical/ Trade School					
	Other					
Please list languages, other than English, you speak fluently: _____						
Professional licenses or designations you currently hold: _____						

**Summarize special skills and qualifications acquired from employment or other experience.**

<b>S K I L L S</b>	Skills/Software Self-Assessment: Typing _____ wpm				
		No Experience	Novice User	Average User	Highly Skilled
	PC Operation Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MS Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Powerpoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LotusNotes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please list other software you have experience with: _____					
_____					

**THIS SECTION FOR ADJUSTER APPLICANTS ONLY**

<b>A D J U S T E R S</b>	Have you had any building construction or carpentry experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, in what capacity? _____
	_____
	Texas Drivers License Number _____ (Needed to Verify Driving Record)
	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a valid adjuster license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? _____	
How long have you been licensed? _____	

<b>S I G N A T U R E</b>	I hereby certify my answers to all questions on this application are true and complete. I understand that any falsified or misrepresented statements on this application shall disqualify me from the employment process or if employed, will be grounds for dismissal.
	I authorize Germania Farm Mutual Insurance Association (GFMIA) to investigate and verify all statements and information provided. I hereby release from liability GFMIA and its representatives for seeking, gathering, and using such information and all other persons, corporations, and organizations from furnishing such information. I understand GFMIA will require a drug screen, background check, and credit report as part of their normal employment procedure.
	Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between GFMIA and myself either for employment or for the providing of any benefit. I understand that if employed by GFMIA, my employment and compensation may be terminated with or without cause and with or without notice at any time at the option of GFMIA. I understand that no representative of GFMIA has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing except by written agreement signed by the President of GFMIA. If employed, I further agree to obey the policies and procedures of GFMIA.
_____	_____
Signature	Date