



INVESTORS TITLE COMPANY

Application for Employment

PERSONAL INFORMATION

Name (Last, First, Middle Initial)		Home Telephone:	
Address (Street, City State, Zip Code)		Cell Phone:	
Veteran? Yes No	Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide documentation which proves your identity and employment eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In Case of Emergency, Notify:	Address	Telephone Number	
SPECIAL QUESTIONS DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.			
<input type="checkbox"/> Are you prevented from lawfully becoming employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Date of Birth *
<input type="checkbox"/> What Foreign Languages do you speak fluently?		Read	Write
<input type="checkbox"/> Have you been convicted of a felony or misdemeanor within the last 5 years? ** <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:			
<small>*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. **You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.</small>			
EMPLOYMENT DESIRED			
Position:	Date you can start	Salary Desired	
Are you employed now?	If so may we inquire of your present employer?		
Ever Applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?	

EDUCATIONAL INFORMATION

Highest Grade Completed:

Name of High School	Location	Course of Study	Dates Attended (From – To)	Diploma/Degree
Name of Technical/Vocational School	Location	Course of Study	Dates Attended (From – To)	Diploma/Degree
Name of College or University	Location	Course of Study	Dates Attended (From – To)	Diploma/Degree
Other	Location	Course of Study	Dates Attended (From – To)	Diploma/Degree

List Scholastic Honors and Memberships

Indicate Other Qualifications and Skills, Such as Office Machines, Dictation, Technical Training

WORK EXPERIENCE

Firm Name	Date Employed
Address	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisors Name	Telephone Number
Reason for Leaving	
Describe Duties	
Firm Name	Date Employed
Address	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisors Name	Telephone Number
Reason for Leaving	
Describe Duties	
Firm Name	Date Employed
Address	May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisors Name	Telephone Number
Reason for Leaving	
Describe Duties	

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	PHONE
1			
2			
3			

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No

If yes, what can be done to accommodate your limitation? Describe Here:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
I authorize investigation of all statements contained herein and the references listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date:	Signature:
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DO NOT WRITE BELOW THIS LINE

Interviewed By:	Date:
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Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position	Dept.
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Salary/Wage	Date Reporting To Work
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This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.