

3873 Cleveland Road, Wooster, Ohio 44691 1-800-222-3873 ■ Fax 330-345-4034

www.wayneinsgroup.com

A WAYNE Insurance Group Company

Application for Employment

Please Note: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Indiii	e and Address		
Name (First, MI, Last):	Social Security Number:		
Address:	City, State, Zip:		
Telephone:	Alternate Phone:		
Email:	Are you at least 18 years or older?		
	Job Type		
Position Desired:	Choose one:		
Desired Salary:	Date Available to Start:		
Shift available to work (choose all that apply): \Box	1 st		
Additi	onal Information		
How did you hear about Wayne Mutual Insurance Cor	npany?		
Have you ever worked for Wayne Mutual Insurance C	ompany before?		
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Are you interested in continuing education?			
Do you have authorization to work in the United States	\$?		



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Degree

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Subject studied/Major

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Name and location of school

Education

			Completed	Received				
High School								
Callaga								
College or University								
,								
Trade, Business or								
Correspondence School								
G 5.11.6 5.1								
Work Experience								
Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary or								
resume	penence beginning with	your most recen	i job neiu. Alia	cii additional shee	is if fiecessary of			
				T				
Company	Name of Las		Supervisor Hrs/w					
Address		Start Date		Starting S	alary			
City, State, and Zip Coo	10	End Date		Final Sala	Final Salary			
Oity, State, and Zip Code		Life Bate		T intai Gaid	Timal Galary			
Phone Number		Your Last Job	Title	Reason for Leaving				
				Trodos: Tro	3			
Light the ighe year held d	lution parformed alville :-	and or learned a	duanaamanta	or promotions while	a you worked at this			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.								
May we contact this em	ployer? 🔲 Yes	☐ No						

Years



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Work Experience

Company	Name of Last Supervisor	Hrs/week	
Address	Start Date	Starting Salary	
City, State, and Zip Code	End Date	Final Salary	
Phone Number	Your Last Job Title	Reason for Leaving	
List the jobs you held, duties performed, skills u company.	sed or learned, advancements or prom	otions while you worked at this	
May we contact this employer?	□ No		
Company	Name of Last Supervisor	Hrs/week	
Address	Start Date	Starting Salary	
City, State, and Zip Code	End Date	Final Salary	
Phone Number	Your Last Job Title	Reason for Leaving	
List the jobs you held, duties performed, skills u company.	sed or learned, advancements or prom	otions while you worked at this	
May we contact this employer?	☐ No		



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Any additional information that could help Wayne Mutual Insurance Company evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:
References
Please include name, phone number, and circumstance of your acquaintance. Exclude relatives and former employers.
1.
2.
3.
Please read carefully before signing:
Wayne Mutual Insurance Company is an equal opportunity employer. Wayne Mutual Insurance Company does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.
I understand that neither the completion of this application nor any part of my consideration for employment establishes any obligation for Wayne Mutual Insurance Company to hire me. If I am hired, I understand that either Wayne Mutual Insurance Company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Wayne Mutual Insurance Company has the authority to make any assurance to the contrary.
I attest with my signature below that I have given to Wayne Mutual Insurance Company true and complete information on this application. No requested information has been concealed. I understand that all information on this application is subject to verification. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.
Wayne Mutual Insurance Company may conduct a criminal background check and/or a pre-employment drug test on all applicants offered a position with the Company.