



APPLICATION FOR EMPLOYMENT

North Carolina Mutual Life Insurance Company
 411 West Chapel Hill Street
 Durham, North Carolina 27701

All applications will be given equal employment opportunity without regard to race, age, color, religion, nation origin, disability or status as a disabled or Vietnam-era veteran.

Please Print or Type

PERSONAL DATA

						DATE
Name	LAST NAME	FIRST NAME	MIDDLE INITIAL			SOCIAL SECURITY NO.
Present Address	STREET NO.	CITY	STATE	ZIP CODE	TELEPHONE NO.	HOW LONG AT PRESENT ADDRESS YRS.
Previous Address	STREET NO.	CITY	STATE	ZIP CODE		HOW LONG AT PREVIOUS ADDRESS YRS.

GENERAL

POSITION APPLIED FOR _____ ANNUAL SALARY EXPECTED \$ _____

TYPE OF POSITION DESIRED _____ WHAT DATE CAN YOU START WORK? _____

FULL-TIME PART-TIME TEMPORARY

HAVE YOU BEEN EMPLOYED PREVIOUSLY BY THE COMPANY? YES NO IF SO. WHAT WAS YOUR POSITION _____

DO YOU HAVE RELATIVES EMPLOYED WITH THE COMPANY? IF SO. PLEASE STATE THE NAME AND THE RELATIONSHIP. _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR JOB RELATED CRIME? YES NO IF SO. PLEASE EXPLAIN. _____

EDUCATIONAL DATA

SCHOOL	NAME AND ADDRESS OF SCHOOL	Highest grade	Did you graduate?	Type of degree received (AAS, BS, etc.)	Major courses of study	GPA/ on scale of
HIGH SCHOOL	Name		<input type="checkbox"/> yes <input type="checkbox"/> no			
	City & State					
COLLEGE	Name		<input type="checkbox"/> yes <input type="checkbox"/> no			
	City & State					
COLLEGE	Name		<input type="checkbox"/> yes <input type="checkbox"/> no			
	City & State					
BUSINESS OR TRADE	Name		<input type="checkbox"/> yes <input type="checkbox"/> no			
	City & State					
OTHER (Licenses or Certifications)	Name		<input type="checkbox"/> yes <input type="checkbox"/> no			
	City & State					

OFFICE SKILLS

Typing Speed	WPM	Shorthand Speed	WPM	Word Processing Software	<input type="checkbox"/> DW4	<input type="checkbox"/> Lotus 1-2-3	<input type="checkbox"/> Word Perfect
<input type="checkbox"/> Electronic Mail	<input type="checkbox"/> Facsimile	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Calculator	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Dictaphone	Other (Explain)	

COMPUTER SKILLS

Computer Hardware - Specify Type _____

Computer Language(s) _____

EMPLOYMENT HISTORY

IMPORTANT: List every employment whether or not it seems relevant to position applied for. If the space provided below does not give your complete employment history, please attach an additional sheet.

PRESENT OR LAST EMPLOYER

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				From	To
				/ /	/ /
				mo. day yr.	mo. day yr.
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME AND TITLE		DEPARTMENT	RATE OF PAY	
				Start	Finish
POSITION OR TITLE			REASON FOR LEAVING		
DESCRIPTION OF DUTIES					

NEXT PREVIOUS EMPLOYER

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				From	To
				/ /	/ /
				mo. day yr.	mo. day yr.
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME AND TITLE		DEPARTMENT	RATE OF PAY	
				Start	Finish
POSITION OR TITLE			REASON FOR LEAVING		
DESCRIPTION OF DUTIES					

NEXT PREVIOUS EMPLOYER

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
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				mo. day yr.	mo. day yr.
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME AND TITLE		DEPARTMENT	RATE OF PAY	
				Start	Finish
POSITION OR TITLE			REASON FOR LEAVING		
DESCRIPTION OF DUTIES					

NEXT PREVIOUS EMPLOYER

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				From	To
				/ /	/ /
				mo. day yr.	mo. day yr.
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME AND TITLE		DEPARTMENT	RATE OF PAY	
				Start	Finish
POSITION OR TITLE			REASON FOR LEAVING		
DESCRIPTION OF DUTIES					

CAN WE CONTACT YOUR CURRENT EMPLOYER? YES NO

MILITARY SERVICE DATAHave you ever served in the Armed Forces of the United States? Yes No

If yes, what branch? _____ Rank of discharge _____

Duties/Training while in service _____

PROFESSIONAL REFERENCES - Exclude Relatives

NAME	ADDRESS	TELEPHONE NO. (Include Area Code)	OCCUPATION
	STREET		
	CITY, STATE, ZIP		
	STREET		
	CITY, STATE, ZIP		
	STREET		
	CITY, STATE, ZIP		

I HERBY AFFIRM THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION OR OTHER COMPANY RECORDS, MAY BE CAUSED FOR IMMEDIATE DISMISSAL WITHOUT NOTICE IF SUBSEQUENTLY EMPLOYED. I AUTHORIZE INQUIRY WITH REGARD TO MY CHARACTER, ABILITY AND HABITS OF ANY AND ALL PERSONS.

I HERBY AUTHORIZE NORTH CAROLINA MUTUAL TO MAKE INQUIRIES THROUGH ANY INVESTIGATIVE OR CREDIT AGENCIES OR BUREAUS OF ITS CHOICE.

I FURTHER UNDERSTAND THAT ALL CANDIDATES FOR EMPLOYMENT WILL BE SUBJECT TO A MEDICAL EXAMINATION AS ONE OF THE CONDITIONS OF EMPLOYMENT, SUBSEQUENT TO A JOB OFFER.

IN ORDER TO MAINTAIN A DRUG-FREE WORK ENVIRONMENT FOR ITS EMPLOYEES, IT IS THE POLICY OF NORTH CAROLINA MUTUAL AND SUBSIDIARIES THAT ABUSERS OF DRUGS WILL NOT BE HIRED. AS PART OF NORTH CAROLINA MUTUAL'S MEDICAL EXAMINATION PROCESS, ALL CANDIDATES FOR EMPLOYMENT ARE TESTED FOR DRUG ABUSE.

SIGNATURE OF APPLICANT	DATE
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AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER