

FOR HUMAN RESOURCES USE ONLY:

POSITION(S) CONSIDERED FOR: _____

DATE: _____

INVESTORS HERITAGE *Life Insurance Company*

PO Box 717 ▪ FRANKFORT KY 40602-0717 ▪ 800.422.2011 ▪ WWW.IHLIC.COM ▪ FAX 502.875.7084

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT WITH INK OR TYPE DIRECTLY ON THIS APPLICATION.

YOU MAY "SUBMIT" AN UNSIGNED APPLICATION VIA EMAIL HOWEVER YOU WILL BE REQUIRED TO SIGN AND DATE THE APPLICATION DURING AN INTERVIEW.

Last Name		First Name		Middle Name
Address		City	State	Zip Code
Telephone Numbers <input type="checkbox"/> Mobile: () <input type="checkbox"/> Home: () <input type="checkbox"/> Work: ()		E-mail Address		Social Security Number
		Best time to contact you is: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		

POSITION(S) APPLYING FOR: _____

HOW DID YOU LEARN ABOUT US? Relative Past/Current Employee: _____

Advertisement Employment Agency Inquiry Internet Other: _____

- If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO
- Have you ever filed an application with us before? If Yes, give date _____ YES NO
- Have you been employed with us before? If Yes, give date _____ YES NO
- Do you have any friends or relatives that work here?..... YES NO
- Are you employed?..... YES NO
- May we contact your present employer?..... YES NO
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?..... YES NO
(Proof of citizenship or immigration status will be required upon employment)

- Date available for work _____ / _____ / _____
- What is your desired salary range? \$ _____ - \$ _____
- Available to work : Full-Time Part-Time (indicate Morning Afternoon Evenings)
 Temporary (Please indicate dates available: _____ / _____ / _____ to _____ / _____ / _____)
- Are you currently on "lay-off" status and subject to recall? YES NO
- Can you travel is a job requires it? YES NO
- Have you been convicted of a felony?..... YES NO
A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.
- Have you ever been warned, disciplined, or discharged for sexual harassment, fighting, assault, violating safety rules or related offenses? YES NO
If "Yes" please provide a detailed explanation on the last page in space provided.

EDUCATION

	Name/Location of School	Years Completed	Diploma / Degree
HIGH SCHOOL			Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO GED <input type="checkbox"/> YES <input type="checkbox"/> NO
UNDERGRADUATE COLLEGE			
GRADUATE PROFESSIONAL			
OTHER (Specify)			

Please describe any courses of studies, specialized training, apprenticeship, skills and extra-curricular activities during your past or current educational studies.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related, military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	EMPLOYER	DATES EMPLOYED		Work Performed / Duties Additional space is provided on the last page if needed.
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)			
	SUPERVISOR	HOURLY RATE/SALARY		
		STARTING	FINAL	
	JOB TITLE			
REASON FOR LEAVING				
2.	EMPLOYER	DATES EMPLOYED		Work Performed / Duties Additional space is provided on the last page if needed.
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)			
	SUPERVISOR	HOURLY RATE/SALARY		
		STARTING	FINAL	
	JOB TITLE			
REASON FOR LEAVING				
3.	EMPLOYER	DATES EMPLOYED		Work Performed / Duties Additional space is provided on the last page if needed.
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)			
	SUPERVISOR	HOURLY RATE/SALARY		
		STARTING	FINAL	
	JOB TITLE			
REASON FOR LEAVING				
4.	EMPLOYER	DATES EMPLOYED		Work Performed / Duties Additional space is provided on the last page if needed.
		FROM	TO	
	ADDRESS			
	TELEPHONE NUMBER(S)			
	SUPERVISOR	HOURLY RATE/SALARY		
		STARTING	FINAL	
	JOB TITLE			
REASON FOR LEAVING				

List professional, trade, business or civic activities and offices held. **Additional space is provided on last page if needed.**
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

Summarize special job-related skills, languages and qualifications acquired from employment or other experience. *Additional space is provided on last page if needed.*

SPECIALIZED SKILLS, SOFTWARE, EQUIPMENT

Keyboard Typing/Terminal Skills	Microsoft Word Processing	Microsoft Excel Spreadsheets
<input type="checkbox"/> None or Minimum <input type="checkbox"/> Satisfactory <input type="checkbox"/> Exceptional with speed and accuracy	<input type="checkbox"/> None or Minimum <input type="checkbox"/> Satisfactory-Letters, minimum formatting <input type="checkbox"/> Exceptional-Advanced formatting	<input type="checkbox"/> None or Minimum <input type="checkbox"/> Satisfactory-Simple Calculations <input type="checkbox"/> Exceptional-Advanced Calculations
Programming Experience	Other Software Experience	Customer Service Phone Skills
Please list Programming Languages below you are efficient in: 1. _____ 2. _____ 3. _____	Please list additional software below you are efficient as a user or developer: 1. _____ 2. _____ 3. _____	<input type="checkbox"/> None <input type="checkbox"/> Minimum Phone / Customer Service experience <input type="checkbox"/> Exceptional Phone / Customer Service experience
Equipment Experience	State additional information you feel may be helpful in considering your application.	
Please list equipment experience below that would benefit the position you are applying for: 1. _____ 2. _____ 3. _____		

REFERENCES

1. NAME	PHONE NUMBER ()
ADDRESS	
2. NAME	PHONE NUMBER ()
ADDRESS	
3. NAME	PHONE NUMBER ()
ADDRESS	
4. NAME	PHONE NUMBER ()
ADDRESS	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In connection with this application, I authorize all corporations, companies, credit agencies, educational institutions, person, law enforcement agencies, military services and former employers to release information they have about me to Investors Heritage Life Insurance Company or its agents and I release them from any liability from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. i understand that this notice will also apply to any future update reports that may be requested.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

NOTE TO APPLICANTS: Do NOT answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such as job or occupation has been given.

YES NO

Signature of Applicant

Date

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Arrange Interview:

Remarks: _____

Interviewer: _____ Date: _____

Employed:

Date of Employment: _____ Job Title: _____

Hourly Rate / Salary: _____ Department: _____

By: _____ Title: _____ Date: _____

ADDITIONAL INFORMATION PAGE (use this page for any additional information)
