

ATTORNEYS' TITLE INSURANCE FUND, INC.

EMPLOYMENT APPLICATION



The Fund and its staff care about this organization. As a statewide team we anticipate our customers' needs and meet them. We are determined to provide the best service. Customer Service Excellence will make the difference in achieving our goal.

Attorneys' Title Insurance Fund, Inc. is an equal opportunity employer. We recruit, train and promote individuals without regard to age, race, creed, color, religion, national origin, sex, marital status, disability, veteran status, citizenship, or sexual orientation.

Type of position (**must be specified**) _____

Day Shift Full Time Starting salary desired _____

Evening Shift Part Time

Please indicate how you heard about this position.

Website Name of website _____

Newspaper Employee Referral Other

If you were referred by an employee, please indicate name _____

Please be advised that your application will go into our inactive file 60 calendar days from the date of application. In order for you to keep your application current, it will be necessary for you to inform Employee Services, in writing, prior to the expiration of the 60-day period, that you wish to remain an active applicant.

IMPORTANT: This application must be signed and dated. A false or misleading statement or concealment of a material fact may disqualify you, or result in discharge if discovered at any time after you have been hired. The results of our investigation of statements made by you on this application and investigation of your references and employment record must meet with our requirements. Your signature on this application authorizes us to make such an investigation and constitutes your acknowledgment that the information provided below is complete and accurate.

THE FUND is an At Will Employer and employment can be terminated at any time, for any reason.

Applicant's Signature _____ Date _____

Applicant's Name (*Last, First, Middle*)

Address _____

Home Telephone _____ Business Telephone _____

Have you ever been employed by this company? No Yes
 If yes, please give dates of employment, position(s) held, and state your name while employed, if different from present name.

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Can you provide proof, if hired, that you are eligible to work in the United States? No Yes
 (If unsure of the documents needed to prove eligibility to work in the United States, we will be happy to explain the legal requirements.)

Have you ever been convicted of, pleaded nolo contendere ("no contest") or guilty to, had adjudication withheld for, or been placed on probation or house arrest for the commission of a crime other than a minor traffic offense? No Yes

If yes, give dates and explanation.

(Answering yes does not automatically exclude you from consideration for employment since the nature of the offense, date and type of job for which you are applying will be considered.)

EDUCATION/SKILLS DATE

List name and location of educational institutions you attended relevant to the position you are seeking.

	Dates Attended	Major Course	Grade Average	Degree/ No. of Credits
Name Used				
High School				
City/State				
Name Used				
Schools: College/University/Trade Schools, etc.				
City/State				
Name Used				
Schools: College/University/Trade Schools, etc.				
City/State				

List licenses and special training related to the position you are seeking.

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List applicable skills and business machines you can operate. (Include computers and word processors.) _____

_____ Typing speed _____ correct WPM

If applicable to the position for which you are applying, list membership in professional societies and organizations.

Define what customer service excellence is to you and how it relates to the position for which you are applying.

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EMPLOYMENT DATA

Beginning with your present or last position, list at least the last **ten years** of employment, including a summary of major duties; indicate military experience if job-related. Use a separate sheet of paper if you wish to list more than three jobs. If you have a resume, please attach to the application.

Name while employed _____		
Name of employer _____	May we contact now?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Address _____	Phone _____	
City _____	State _____	
Dates employed (month, year)	Starting title	Last title
From _____ To _____	_____	_____
Reason for leaving _____		
Name & title of supervisor _____		
Description of your duties:		
-		
-		

Name while employed _____		
Name of employer _____		
Address _____	Phone _____	
City _____	State _____	
Dates employed (month, year)	Starting title	Last title
From _____ To _____	_____	_____
Reason for leaving _____		
Name & title of supervisor _____		
Description of your duties:		
-		
-		

EMPLOYMENT DATA *continued*

Name while employed _____

Name of employer _____

Address _____ Phone _____

City _____ State _____

Dates employed (month, year) Starting title Last title
From _____ To _____

Reason for leaving _____

Name & title of supervisor _____

Description of your duties:
-
-

Name while employed _____

Name of employer _____

Address _____ Phone _____

City _____ State _____

Dates employed (month, year) Starting title Last title
From _____ To _____

Reason for leaving _____

Name & title of supervisor _____

Description of your duties:
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Summarize prior relevant experience not accounted for above.

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