



We are an ESOP company

Employment Application

Equal Opportunity Employer

183 Leader Heights Road
 PO Box 2726
 York, Pennsylvania 17405
 (717) 741-0911
 (800) 233-1957
 Fax: (717) 747-7098
 www.glatfelters.com

(Federal, state and local laws prohibit illegal discrimination because of race, color, age, gender, religion, creed, national origin, ancestry, veteran or marital status, disability or sexual orientation.)

All information will be treated confidentially.

Today's Date _____

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security No.
Address		City	State Zip
Home Phone ()	Are you 18 or more years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, state age _____		
How were you referred to Glatfelter Insurance Group? Newspaper _____ Internet _____ Other _____			
Do you know anyone employed by Glatfelter Insurance Group? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, whom _____ Relationship _____			
Position Desired		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time What Hours? _____	
Expected Salary		Date Available to Work	

Please list personal references (not relatives).

	Name	Address	Phone	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Employment Record

Begin with most recent employer

1	Company _____		Job Title _____	Department _____
	Address _____		Phone _____	
	Supervisor's Name _____		Salary _____	
	Start Date ____/____/____		Leave Date ____/____/____	
	Reason for leaving: _____ _____			
2	Company _____		Job Title _____	Department _____
	Address _____		Phone _____	
	Supervisor's Name _____		Salary _____	
	Start Date ____/____/____		Leave Date ____/____/____	
	Reason for leaving: _____ _____			
3	Company _____		Job Title _____	Department _____
	Address _____		Phone _____	
	Supervisor's Name _____		Salary _____	
	Start Date ____/____/____		Leave Date ____/____/____	
	Reason for leaving: _____ _____			
4	Company _____		Job Title _____	Department _____
	Address _____		Phone _____	
	Supervisor's Name _____		Salary _____	
	Start Date ____/____/____		Leave Date ____/____/____	
	Reason for leaving: _____ _____			

Are there any employers listed above you do not want us to contact? Yes No

If so, which one(s) _____

**E
D
U
C
A
T
I
O
N**

School	City/State	Course of Study	Scholastic Average	Highest Grade Completed	List Diploma or Degree
High					
College					
Other					

COMPUTER SKILLS: Check software programs in which you have basic skills.

Microsoft Word
 Microsoft Access
 Lotus Notes

Microsoft Excel
 Microsoft Powerpoint

Others _____

**Licensure
Registration
Certification**

Type	Number	Agency	Year Acquired	State

**Military
Service**

Date Inducted	Date Separated	Branch

Duties and Rank _____ Any Reserve Obligation _____

Have you ever pleaded guilty to or been convicted of any crime other than a misdemeanor or summary offense?
 If yes, give details of the offense. _____

Please note that a conviction record will not necessarily prevent employment at Glatfelter Insurance Group. Such factors as nature of offense and other aggravating and mitigating circumstances will be considered.

Please describe other characteristics you have which make you a qualified candidate.

Please read carefully before signing below.

1. The information on this application is, to the best of my knowledge, true and correct. I understand that any false statements on this or any other employment form will be sufficient reason not to be considered for or not to be continued in employment with the Glatfelter Insurance Group.
2. **If employed, I understand I will be an at-will employee; meaning I have the right to terminate my employment at any time without notice, and, similarly, the company has the right to terminate my employment, without notice, at any time and for any or no reason.**
3. I understand that completion of a physical examination may be a prerequisite to obtain and/or continue my employment with the Glatfelter Insurance Group. The examination is given at company expense.
4. I grant Glatfelter Insurance Group the right to investigate my employment background and hereby release from liability all persons or corporations supplying information.
5. I understand that Glatfelter Insurance Group may test my various job skills or aptitudes as applicable to the job for which I am applying.

Signature

Date

The Glatfelter Insurance Group Mission

The Glatfelter Insurance Group is an associate-owned marketing organization which provides insurance, risk management services and non-insurance services for customers in carefully chosen markets. Our highly skilled and dedicated associates create opportunities by understanding customer expectations and striving to exceed them. We value entrepreneurial spirit, personal integrity, teamwork, mutual respect, professional development, long-term relationships and community involvement. We are in business to solve problems for our customers, create opportunities for our associates, earn a fair profit for our owners and contribute to the well-being of the communities we serve.

Office Use Only
Entered in HRP _____

Signature

Date