



## EMPLOYMENT APPLICATION

9000 Cameron Parkway  
Oklahoma City, OK 73114  
Human Resources (405) 523-5079  
FAX (405) 523-5645  
[americanfidelity.com](http://americanfidelity.com)

Home Office – 9000 Cameron Parkway, Oklahoma City, OK 73114  
An Equal Opportunity Employer\*

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_  
Expected Salary: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How Long? \_\_\_\_\_ E-Mail Address \_\_\_\_\_

#### Addresses for the Last Five Years

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How Long? \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How Long? \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How Long? \_\_\_\_\_

### REFERRAL INFORMATION

Referred By: ☐ Friend ☐ Relative ☐ AFA Employee \_\_\_\_\_ ☐ Other \_\_\_\_\_  
Does AFA employ any of your relatives? ☐ Yes ☐ No Name: \_\_\_\_\_

### MILITARY INFORMATION

Date Entered \_\_\_\_\_ Branch \_\_\_\_\_ Date of Discharge \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_  
Responsibilities \_\_\_\_\_

*\* American Fidelity Companies and its subsidiaries are equal opportunity employers. We do not discriminate against any applicant or employee because of race, color, religion, sex, age, national origin, sexual preference, or disability.*

## EMPLOYMENT INFORMATION

Please give an accurate, complete full-time and part-time employment record for the last five years.  
Start with present or most recent employer.

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Monthly Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_  
State Job Title and Describe Your Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May We Contact? ☐ Yes ☐ No

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
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Street Address \_\_\_\_\_  
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Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Monthly Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_  
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Reason for Leaving: \_\_\_\_\_ May We Contact? ☐ Yes ☐ No

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Monthly Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_  
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Reason for Leaving: \_\_\_\_\_ May We Contact? ☐ Yes ☐ No

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Monthly Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_  
State Job Title and Describe Your Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May We Contact? ☐ Yes ☐ No

Have you previously been employed with AF? ☐ Yes ☐ No If so, when? \_\_\_\_\_

Please Explain Any Period of Unemployment

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

## EDUCATION INFORMATION

SCHOOL	NAME AND CITY / STATE	MAJOR/MINOR	DID YOU GRADUATE?	TYPE OF DEGREE
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## RECORDS

Have you ever been convicted of any violation of the law (civilian or military) other than minor traffic violations? ☐ Yes ☐ No

If "Yes" please explain: \_\_\_\_\_

## QUALIFICATIONS

What are your qualifications for the position applied for (for example: special training, apprenticeships completed, military experience, other education or foreign languages)?

List any job related extra-curricular activities and organizations in which you are a member:

What positions of leadership have you been involved with outside of your employment? (School, College, Organizations):

## OFFICE SKILLS

Indicate all that apply:

<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Access	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Other Software _____
<input type="checkbox"/> Customer Service	<input type="checkbox"/> 10-Key Calculator	<input type="checkbox"/> Accounting	
<input type="checkbox"/> E-mail MS	<input type="checkbox"/> Excel	<input type="checkbox"/> Databases	
<input type="checkbox"/> Word	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Windows	

In addition to your work experience, what other experiences, skills or qualifications would especially fit you in a position with American Fidelity? \_\_\_\_\_

## PLEASE READ CAREFULLY BEFORE SUBMITTING

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be cause for dismissal.

I authorize any third parties, including former employers, schools, law enforcement authorities and any persons named above, to give AFA any information they may have regarding me and my background, whether or not such information is contained in written records. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

If employed by American Fidelity Companies, I agree to abide by its rules and regulations. Further, I understand that my employment is not for a stated period and that I have the right to terminate my employment at any time and that American Fidelity retains a similar right.

By submitting this application, I agree to the terms above.

Date: \_\_\_\_\_