Employment Application

We are an Equal Opportunity Employer

Please print in ink. You must complete entire application and sign a	t end. Date:			
Applicant Information				
Name (first, middle, last)				
Present Address (street, city, state, zip code)				
Previous Address (street, city, state, zip code)				
Phone Number	Email			
Are you legally authorized to work in the U.S.? (If hired, you will be required to provide proof of work authorization)	Yes No			
Are you at least 18 years old? (If not, your employment will be subject to verification that you mee you are applying for and have obtained a valid work permit.	□ No t state/federal minimum age requirements for the type of work			
Have you ever pleaded "guilty" or "no contest" or been convicted of If yes, please explain 1) nature of crime, 2) date of conviction, and (A conviction will not necessarily bar you from employment. You sh have been sealed.)	3) state and county in which convicted.			
Have you been cited for a traffic violation of any kind within the last If yes, please explain 1) nature of citation, 2) date of citation, and 3 you from employment.)	five (5) years)? Yes No			
Have you ever applied at this company before? Yes No If yes, when:	Have you ever worked at this company before? Yes No If yes when: Under what name:			
Do you have any friends or relatives working here? Yes	No If yes, please list name(s):			
Will you travel if job requires it? Yes No	Will you work overtime if required? Yes No			
If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question if not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.				
Yes No Need more info	rmation about the job's "essential functions" to respond.			

Position Applying For						
Position Desired	Part-Time or Full-Time Desired		Desired Compensation	Shift Preference		
When can you start?						
How were you referred to the	company?	Agency	Walk-in	Internet		
		Newspaper	School	Friend/Relative		
		Other:				

Skills/Training/Licenses

Please list and describe any valuable skills you possess that would assist you in the job and would be valuable to the company.

Education					
School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree	Received
High				🗆 Yes 🗖	No
College				Type:	No
Graduate				☐ Yes ☐ Type:	No
Other (specify)				☐ Yes ☐ Type:	No

Employment History (Start with most recent; use	e separate sheet if necessary)	
Name of Employer	Telephone ()	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From To	
Description of Duties		
Compensation- Start: End:	Reason for Leaving	
If currently employed, may we contact as a reference?	Yes No Later	
Name of Employer	Telephone ()	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From To	
Description of Duties		
Compensation- Start: End:	Reason for Leaving	
Name of Employer	Telephone ()	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From To	
Description of Duties		
Compensation- Start: End:	Reason for Leaving	
Name of Employer	Telephone ()	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From To	
Description of Duties		
Compensation- Start: End:	Reason for Leaving	
Name of Employer	Telephone ()	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor From To		
Description of Duties		
Compensation- Start: End:	Reason for Leaving	

Have you ever been terminated or asked to resign fro	om any job?	Yes	No
If yes, please explain the circumstances.			
Please explain fully any gaps in your employment his	story.		
May we contact your current employer?	Yes	No	
If no, please explain.			

References (List individuals who know you well—not previous employers or relatives.)				
Name		Day Telephone	()
		Evening Telephone	()
Address				
		How long known?		
Name		Day Telephone	()
		Evening Telephone	()
Address				
		How long known?		
Name		Day Telephone	()
		Evening Telephone	()
Address				
		How long known?		
Name		Day Telephone	()
Address				
		How long known?		

- 1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.
- 2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organizations providing information pertaining to me or my employment.
- 3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
- 4. I understand that prior to my employment I may be asked to sign a background check consent form or other documentation in order to facilitate my hiring. I agree to sign these forms. I further understand that should I become an employee of the company, annual background checks may also be required.
- 5. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
- 6. This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. The Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.
- 7. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signature of Applicant	Ε	Date
Thank you fo	Thank you for your interest in our company	

ERIE INSURANCE GROUP ERIE

DRIVER QUESTIONNAIRE

1. POLICYHOLDER'S NAME	POLICY NUMBE	R	AGENT NO.	AGENT NAME	
2 DRIVER'S FIRST NAME	MIDDLE INITIAL	LASTNAME			MALE FEMALE
NO	INDUCE INTIAL				
LICENSE NUMBER STATE PRIOR STATE	TE AND OPERATOR'S	NUMBER	DATE FIRST LICENSED OR DATE OF PERMIT	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	AN 3 YEARS				
COMMERCIAL DRIVER'S DATE HIRED JOB TITLE		DRIVER'S AUTO IN	ISURANCE COMPANY		HOME PHONE NUMBER
3. WARNING: An incorrect answer, intentional or	not, to any o	question below	w may jeopardi	ze continuing	coverage.
If the answers to any of the following are "Yes," Has Driver:	' give details	in space prov	rided.		
(a) Had any auto insurance refused cancelled or expired in the past 5	YES N	Details for "Yes	answers:		
or been excluded or restricted on a policy in the past 5 years? OHIO ONLY: Had any auto insurance refused, cancelled or expir]			
(1) Material misrepresentation in application or in submission of c		c	1		
(2) Suspension, revocation or expiration of operator's license of r insured or principal operator?	named				
(b) Been required to file evidence of financial responsibility in the years?	past 5				
 (c) Had their driver's license or driving privileges revoked or suspen the past 5 years? (Give date and reason.) 	ded in				
(d) Received a ticket for speeding, a PBJ (PJC in NC) or any other v code violation within the past 5 years? (If "Yes," give date and desc of violation(s). If speeding, include your actual speed and speed I	rintion				
(e) Ever receive any felony convictions? Give date, description and p (f) Had a physical or montal impairment or disphilthum other median					
(f) Had a physical or mental impairment or disability or other medica mity? Identify any such condition (e.g., heart, diabetes, epilepsy ing/sight/limb loss, back condition or other medical infirmity), its du	hear-				
and treatment obtained and/or medication prescribed] [
(g) Had any comprehensive losses (deer, fire, glass breakage, theft, the past 5 years?		כ			
(h) While driving any motor vehicle, commercial or personal, been in in an accident during the past 5 years? Describe all accidents rega of who was at fault under No. 8 below.	volved ardless	 1			
(i) FOR MD ONLY: Refused to submit to chemical test or been give	n pro-				
bation before judgment for an alcohol violation in the past 3 years (NOTE FOR DC ONLY: Question 3(a) not applicable. For questions (b).	L			
(c),(d), (g), (h) & (i), ask for 3 year record on (NOTE FOR MD ONLY: For Questions 3 (a), (b), (c), (d), (g), (h) & (i)	y.) ask				
(NOTE FOR MD ONLY: For Questions 3 (a), (b), (c), (d), (g), (h) & (i) for 3 year record only.) (NOTE FOR WI ONLY: Question 3(f) not applicable.)					
4. List driver's previous experience driving types of commercial vehicle	es insured and an	v safety courses co	mpleted		
5. Does driver take home any company autos on a regular basis?					
6. Does driver have any restrictions on license? Yes No If ye					
7. Were MVRs/CLUEs ordered on any/all drivers? Yes No					
8. OTHER PERTINENT INFORMATION		oopleol			
			AGENT: Agent's	Do you consider t	this an acceptable risk?
			Signature		
DC APPLICANT(S) PLEASE READ WARNING: It is a crime to provide false or mi imprisonment and/or fines. In addition, an in	isleading information	tion to an insurer fo	or the purpose of defi	rauding the insurer	or any other person. Penalties include
OHIO APPLICANT(S) Any person who, with intent to defraud or	knowing that he	is facilitating a fra	aud against an insur	er, submits an app	plication or files a claim containing a
PLEASE READ Fraise or deceptive statement is guilty of in Any person who knowingly and with intent to	isurance fraud.				
NY APPLICANT(S) of claim for any commercial or personal insur tion concerning any fact material thereto, and	rance benefits co	ontaining any mate	erially false informat	tion or conceals fr	or the nurnose of micloading informa-
PLEASE solicits or conspires with another to make a	alse report of the	e theft destruction	n damage or conve	rsion of any motor	vehicle to a law enforcement aconcy
READ the department of motor vehicles or an insura not to exceed five thousand dollars and the	value of the subj	ect motor vehicle	or stated claim for a	each violation.	
PA APPLICANT(S) PLEASE READ Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.					
TN &VA APPLICANT(S) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company					
PLEASE READ Penalties include imprisonment, fines and denial of insurance benefits.					
OTHER APPLICANT(s) Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or					
PLEASE READ civil penalties.					
boling birds a second for purposes of determining my eligibility for coverage under this policy.					
SIGNATURE DRIVER'S SIGNATURE					Date
POLICYHOLDER POLICYHOLDER'S (OR AUTHORIZED					
SIGNATURE REPRESENTATIVE'S) SIGNATURE		Tit	le		Date