## **Great Plains Brokerage**

## A Marsh & McLennan Agency LLC Company



## **Application For Employment**

An Equal Opportunity Employer

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for	Date of Application/			
Name				
Last First	Middle			
Address				
Street City	State Zip			
Telephone # () Mobile/Beep				
Email Address	<del></del>			
If you are under 18, and it is required, can you furnish a work p	ermit?			
If no, please explain				
Have you ever been employed here before? If yes give dates a	and position			
Are you legally eligible for employment in the country?	□ Yes □ No			
Date available for work/	What is your desired salary range? \$			
Type of employment desired: Full time Pa	art time Temporary			
Are you able to meet the attendance requirement of the position?				
Have you ever pled "guilty" or "No contest" to, or been convicted	ed of a felony?			
If yes, please provide date(s) and details				
Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offence, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.				
Drivers license number, if driving, is an essential job function_	State			
Employment History - Provide the following information	of your past two (2) employers, starting with the most recent.			
From:	Hourly Rate/Salary			
То:	Start: \$Per:Final: \$Per:			
Employer:	Starting Job Title			
Telephone # ( )	Ending Job Title			
Address:	May we contact for reference? YES NO LATER			
Immediate Supervisor and Title				
Reason for Leaving	Job Responsibilities			

From:			Hourly Rate/Salary		
То:		Start: \$ Per: Final: \$ Per:			
Employer:			Starting Job Title		
Telephone # ( )			Ending Job Title		
Address:		May we contact for reference? YES NO LATER			
Immediate Supervisor and Title					
Reason for Leaving			Job Responsibilities		
Skills and Qualifications - Summa able to perform job-related functions in the				es that may qualify you as being	
Education Background	]				
Name and Location	Number of Years Completed		Did you Graduate	Course of Study	
High School					
College			Major/Degree		
Other					
Culci					
References					
Name			Telephone	Number of Years Known	
		( )			
		( )			
		( )			
Applicant Statement					
I certify that all information I have provided In order I understand that any information provided by me the further consideration of the application, or (ii) immediately.	at is found to b	oe false, incom	plete or misrepresented in any re	espect, will be sufficient cause to (i) cancel	
I expressly authorize, without reservation, the employersonal and professional), employers, public agen information provided by me in this application, resun agents, employees or representatives, for seeking, organizations for furnishing such information about I understand that the employer does not unlawfully excusing any applicant from consideration for employer	cies, licensing ne or job intervogathering and one.  discriminate in byment on a ba	authorities an view. I hereby using such info employment a asis prohibited	d educational institutions and to of waive any and all rights and clair primation in the employment processind no question on this application by applicable local, state or feder	otherwise verify the accuracy of all ms I may have regarding the employer, its ess and all other persons, corporations or is used for the purpose of limiting or ral law.	
If I am hired, I understand that I am free to resign at terminate my employment at any time, with or without			•	. ,	
an agreement or contract for employment for any sp authorized to make any assurances to the contrary unless they are in writing and signed by the employe	ecified period and that no imp	or duration. I	understand that no supervisor or	representative of the employer is	
an agreement or contract for employment for any sp authorized to make any assurances to the contrary a	ecified period and that no imper's president. to provide pro	or duration. I plied, oral or w	understand that no supervisor or rritten agreements contrary to the	representative of the employer is foregoing express language are valid	
an agreement or contract for employment for any sp authorized to make any assurances to the contrary a unless they are in writing and signed by the employed I also understand that if I am hired, I will be required	ecified period and that no imper's president. to provide proregard.	or duration. I plied, oral or woof of identity a	understand that no supervisor or ritten agreements contrary to the and legal authority to work in the U	representative of the employer is foregoing express language are valid	
an agreement or contract for employment for any spauthorized to make any assurances to the contrary a unless they are in writing and signed by the employed also understand that if I am hired, I will be required laws require me to complete an I-9 Form in the this	ecified period and that no imper's president. to provide pro regard.	or duration. I plied, oral or wood of identity a	understand that no supervisor or ritten agreements contrary to the and legal authority to work in the UCANT STATEMENT.	representative of the employer is foregoing express language are valid  United States and that federal immigration	