



The Baltimore Life
COMPANIES

THE BALTIMORE LIFE INSURANCE COMPANY
10075 Red Run Boulevard, Owings Mills, Maryland 21117-4871
APPLICATION FOR EMPLOYMENT

THE BALTIMORE LIFE INSURANCE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. EMPLOYMENT IS BASED SOLELY UPON JOB-RELATED FACTORS WITHOUT REGARD FOR RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE OR PHYSICAL/MENTAL HANDICAP.

PLEASE PRINT CLEARLY

GENERAL INFORMATION

NAME	LAST	FIRST	MIDDLE	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	
PRESENT MAILING ADDRESS		NUMBER AND STREET	CITY	STATE	ZIP CODE	POSITION DESIRED OR TYPE OF WORK IN WHICH INTERESTED
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO				HOW WERE YOU REFERRED TO US?		
HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW OTHER THAN MINOR TRAFFIC VIOLATIONS (FINES OF LESS THAN \$25.00)?						
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE NATURE OF OFFENSE AND DISPOSITION.						
NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY AUTHORIZED TO ACCEPT EMPLOYMENT IN THE U.S.?					CAN YOU OFFICIALLY VERIFY THAT YOU ARE LEGALLY	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

	HIGH SCHOOL	COLLEGE	GRADUATE STUDY	OTHER (I.E. TRADE, VOCATIONAL, BUSINESS)
NAME AND ADDRESS				
DID YOU GRADUATE?				
MAJOR COURSE				
FAVORITE SUBJECTS				
LEAST LIKED SUBJECTS				

PROFESSIONAL DESIGNATIONS EARNED CLU CHFC LUTCF MAAA FLMI FSA ASA AIAA LLIF ACS CFP
 OTHER(S) (SPECIFY)

CHECK THE MACHINES YOU CAN SKILLFULLY OPERATE:

ADDING MACHINE CALCULATOR WORD PROCESSOR SWITCHBOARD DICTATING EQUIPMENT TYPING SPEED _____ W.P.M.

WORKING KNOWLEDGE OF THE FOLLOWING ENVIRONMENT(S): PC MACINTOSH WINDOWS DOS OTHER _____

I AM PROFICIENT IN THE FOLLOWING SOFTWARE PACKAGE(S):

ORGANIZATIONS

LIST ANY GROUPS OR ORGANIZATIONS THAT YOU BELONG TO, AND DESCRIBE YOUR ACTIVITY IN THEM. EXCLUDE ANY ORGANIZATION THAT WOULD INDICATE AGE, RACE, COLOR, CREED, ANCESTRY, NATIONAL ORIGIN, GENDER, MARITAL STATUS, OR MENTAL, MEDICAL OR PHYSICAL HANDICAP.

ORGANIZATION	OFFICES HELD	COMMITTEE WORK/ACTIVITIES

MILITARY SERVICE

HAVE YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES NO IF YES, COMPLETE BELOW:

DATE ENTERED	DATE DISCHARGED	BRANCH OF SERVICE	HIGHEST RANK ATTAINED	DESCRIBE DUTIES AND/OR SPECIAL TRAINING RECEIVED

EMPLOYMENT HISTORY

LIST PRESENT OR MOST RECENT EMPLOYER FIRST.
INDICATE BY ASTERISK (*) ANY EMPLOYERS YOU DO NOT WANT US TO CONTACT.
IF MORE SPACE IS NEEDED, CONTINUE ON BACK PAGE.

NAME AND ADDRESS OF EMPLOYER	TYPE OF BUSINESS	NAME/TITLE OF SUPERVISOR	POSITION HELD
1.			
1. (A)	EMPLOYMENT DATES FROM TO	SALARY START FINAL	REASON FOR LEAVING

DESCRIPTION OF DUTIES:

1. (B)

INDICATE WHAT YOU LIKED BEST AND LEAST ABOUT THIS POSITION:

1. (C)

2.			
2. (A)	EMPLOYMENT DATES FROM TO	SALARY START FINAL	REASON FOR LEAVING

DESCRIPTION OF DUTIES:

2. (B)

INDICATE WHAT YOU LIKED BEST AND LEAST ABOUT THIS POSITION:

2. (C)

3.			
3. (A)	EMPLOYMENT DATES FROM TO	SALARY START FINAL	REASON FOR LEAVING

DESCRIPTION OF DUTIES:

3. (B)

INDICATE WHAT YOU LIKED BEST AND LEAST ABOUT THIS POSITION:

3. (C)

4.			
4. (A)	EMPLOYMENT DATES FROM TO	SALARY START FINAL	REASON FOR LEAVING

DESCRIPTION OF DUTIES:

4. (B)

INDICATE WHAT YOU LIKED BEST AND LEAST ABOUT THIS POSITION:

4. (C)

LIST ALL PART TIME, SUMMER, OR SEASONAL POSITIONS.

NAME AND ADDRESS OF EMPLOYER	TYPE OF BUSINESS	NAME/TITLE OF SUPERVISOR	POSITION HELD
1.			

1. (A) EMPLOYMENT DATES FROM TO	SALARY START FINAL	REASON FOR LEAVING

DESCRIPTION OF DUTIES:

1. (B)

INDICATE WHAT YOU LIKED BEST AND LEAST ABOUT THIS POSITION:

1. (C)

2.			
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2. (A) EMPLOYMENT DATES FROM TO	SALARY START FINAL	REASON FOR LEAVING

DESCRIPTION OF DUTIES:

2. (B)

INDICATE WHAT YOU LIKED BEST AND LEAST ABOUT THIS POSITION:

2. (C)

PLEASE READ CAREFULLY AND SIGN

Is there any reason why you would not be able to perform the duties of the job as outlined in the attached Job Description? Yes No *(If yes, please explain on reverse side of this form.)*

To the best of my knowledge and belief, the information contained on this employment application form is both accurate and complete. I understand that should investigation disclose falsification or withholding of information, my application may be rejected and should I be employed, my employment could be terminated.

DATE

SIGNATURE

**MARYLAND APPLICANTS ONLY
PROHIBITED TESTING**

I AM AWARE THAT:

“Under Maryland law an employer may not require or demand any application for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.”

DATE

SIGNATURE

