

# NATIONWIDE FINANCIAL SERVICES GROUP INC. EMPLOYMENT APPLICATION

Programs, services, and employment are equally available to everyone. Please allow the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Review \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Position applied for: \_\_\_\_\_

How where you referred to us: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available to start \_\_\_\_\_ Social Security# \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one? Yes / No (circle one)

If no, please explain: \_\_\_\_\_

Have you ever worked for this company? Yes / No (circle one) If yes when? \_\_\_\_\_

Are you a citizen of the United States Yes/ No (circle one) \_\_\_\_\_

If not are you legally allowed to work in the United States? Yes / No (circle one) \_\_\_\_\_

Type of employment desired \_\_\_\_\_ Fulltime \_\_\_\_\_ Part-Time

Have you ever pleaded "guilty," "no contest," or been convicted of a crime? Yes / No (circle one)

If yes give details \_\_\_\_\_

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Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number if applicable to position; \_\_\_\_\_ State; \_\_\_\_\_

**PREVIOUS EMPLOYMENT** (Begin with most recent position):

Dates of employment: From \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

POSITIONS HELD \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ RESPONSIBILITIES \_\_\_\_\_

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STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER YES/ NO (circle one?)

Dates of employment: From \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

POSITIONS HELD \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ RESPONSIBILITIES \_\_\_\_\_

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STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER YES/ NO (circle one?)

Dates of employment: From \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

POSITIONS HELD \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ RESPONSIBILITIES \_\_\_\_\_

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STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER YES/ NO (circle one?)

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_