



<b>EDUCATION:</b>		Years Completed	Diploma and/or Degree
School Name	Address		
Elementary			
High School			
Undergraduate			
Graduate/Professional			
Subjects of Special Study:			

**REFERENCES:**

Give the names of three persons not related to you whom you have known at least one year

Name	Address	Phone Number

Give a brief explanation as to why you wish to work for Allegany Co-op Insurance Company :

\_\_\_\_\_

\_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

**Signature:** \_\_\_\_\_

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

We appreciate your interest in our organization. We consider applicants for all positions without regard to race, color, creed, age, religion, sex, disability, marital status, veteran status or arrest/conviction record  
(Proof of citizenship or immigration status will be required upon employment)