



Not what you'd expect from
an insurance company.®

APPLICATION FOR EMPLOYMENT

APPLICANT NAME _____

DATE _____

POSITION PREFERENCE _____

LOCATION PREFERENCE _____

An Equal Opportunity Employer

We are an equal opportunity employer and do not discriminate because of age, race, gender, religion, military status, national origin, marital status, or disability. Please notify the appropriate Human Resource Representative of any needed accommodation(s) to complete the application process.

Note: When used in this application, the term "Progressive" refers to The Progressive Corporation and any of its subsidiary or affiliated companies.

PERSONAL INFORMATION

PLEASE PRINT IN INK & ANSWER ALL QUESTIONS

Name _____ Social Security No. _____
FIRST MIDDLE LAST
 Street Address _____
CITY STATE ZIP CODE
 Home Phone (____) _____ Business Phone (____) _____
 Message/Cell Phone (____) _____ E-Mail Address _____
 Please list CITY and STATE of any and all prior addresses _____

 How did you learn of us? Employment Agency (B) Internet
 Ad in paper (Name of paper + Ad Code: _____) (C) Progressive Employee (Name: _____) (H) Other _____ (G)
 College/School (E) Job Fair (Name: _____)

EMPLOYMENT PREFERENCES

Preferred work status: Full-time Part-time Temporary Seasonal
 Circle the days you're available: Sun Mon Tue Wed Thu Fri Sat
 What hours/shift are you available? _____ Pay expected: \$ _____ per _____

GENERAL INFORMATION

Progressive conducts full background checks on all applicants, including employment, educational, and criminal. A prior criminal record, including misdemeanor offense(s), may or may not disqualify an applicant for consideration for employment. The date, nature, and seriousness of the offense and any rehabilitation will be considered in light of the duties of the position for which the person has applied.

1. Have you ever been convicted of, or pled guilty or no contest to, a felony? Yes No
 2. Do you currently have pending any felony or misdemeanor charges against you? Yes No
 If you answered yes to question 1 or 2 above, please provide date of offense, name of jurisdiction, and court: _____
 3. Have you ever been involuntarily terminated by an employer? Yes No
 If yes, explain: _____
 4. Have you ever been employed with Progressive? Yes No
 If yes, under what name if different than present? _____
 Please indicate dates of employment, name of your last supervisor, and your city/state/business unit location: _____
 5. Non-U.S. Citizens Only:
 Are you legally eligible to work in the United States? Yes No
 If yes, please indicate type of work permit and expiration date: _____

COMPANY CAR

Complete ONLY if position for which you are applying requires you to drive more than 1,000 miles per year on company business.

1. Do you have a valid driver's license? Yes No
 If yes, STATE: _____ DRIVER'S LICENSE NUMBER: _____
 2. Has the license in question 1 been valid for at least the past 3 years? Yes No
 If no, please list the state and driver's license number for any prior licenses held within the past 3 years:
 STATE: _____ DRIVER'S LICENSE NUMBER: _____
 STATE: _____ DRIVER'S LICENSE NUMBER: _____
 3. Do you have any violations or convictions in the past 3 years? Yes No
 If yes, please provide date, offense, and jurisdiction: _____

EDUCATION

Level	Name of School/ Institution	Status	Major/Minor	Cumulative G.P.A. <small>(Provide only if known - will be verified)</small>	Degree Description
High School	Name _____ City _____ State _____	Diploma? Yes / No	N/A		
G.E.D.	Name _____ City _____ State _____	Certificate? Yes / No	N/A		
Vocational or Technical School	Name _____ City _____ State _____	Certificate? Yes / No			
College	Name _____ City _____ State _____	<input type="checkbox"/> Some College/No Degree <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Undergraduate Degree Earned			
College	Name _____ City _____ State _____	<input type="checkbox"/> Some College/No Degree <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Undergraduate Degree Earned			
Graduate School	Name _____ City _____ State _____	<input type="checkbox"/> Some Courses/No Degree <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Graduate Degree Earned			

Please list any other special training or skills (Licenses, Languages, Insurance courses, Computer software, CRT experience, Typing WPM, etc.):

EMPLOYMENT HISTORY
(Please list most recent first)

To assist us in verifying references, please complete all information accurately and be sure to indicate the employer's *current* address and phone number.

We will contact all PREVIOUS employers listed below for a reference.

Current/Previous Employer _____ Telephone (_____) _____
Street Address _____
CITY STATE ZIP CODE
Date Started (Mo./Yr.) _____ Date Ended (Mo./Yr.) _____ Title/Position _____
Name of Last Supervisor _____ Salary (Per Hr., Wk. or Mo.) _____
Reason for leaving _____
May we contact for a reference at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason: _____
Please state the name under which you were employed if different than now: _____
Brief description of your responsibilities: _____

Current/Previous Employer _____ Telephone (_____) _____
Street Address _____
CITY STATE ZIP CODE
Date Started (Mo./Yr.) _____ Date Ended (Mo./Yr.) _____ Title/Position _____
Name of Last Supervisor _____ Salary (Per Hr., Wk. or Mo.) _____
Reason for leaving _____
Please state the name under which you were employed if different than now: _____
Brief description of your responsibilities: _____

Previous Employer _____ Telephone (_____) _____
Street Address _____
CITY STATE ZIP CODE
Date Started (Mo./Yr.) _____ Date Ended (Mo./Yr.) _____ Title/Position _____
Name of Last Supervisor _____ Salary (Per Hr., Wk. or Mo.) _____
Reason for leaving _____
Please state the name under which you were employed if different than now: _____
Brief description of your responsibilities: _____

Previous Employer _____ Telephone (_____) _____
Street Address _____
CITY STATE ZIP CODE
Date Started (Mo./Yr.) _____ Date Ended (Mo./Yr.) _____ Title/Position _____
Name of Last Supervisor _____ Salary (Per Hr., Wk. or Mo.) _____
Reason for leaving _____
Please state the name under which you were employed if different than now: _____
Brief description of your responsibilities: _____

• Please state reasons for any gaps between employment: _____

Please turn page to continue with application.

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

Please read the following and indicate your agreement by signing below.

Progressive Casualty Insurance Company and its affiliates ("Progressive") in considering your application for employment, and when making employment-related decisions directly affecting you, may obtain and use a "consumer report" from a "consumer reporting agency". These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. As an applicant for employment or employee of Progressive, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, such as Progressive.

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes. It includes an "investigative consumer report," which contains information concerning a consumer's character, general reputation, or personal characteristics obtained through personal interviews with persons who may have knowledge concerning such items of information.

If Progressive obtains a "consumer report" about you, and if Progressive considers any information in the "consumer report" when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the "consumer report" before the decision is made final by Progressive. You are also free to contact the Federal Trade Commission about your rights under the FCRA, as a "consumer," with regard to "consumer reports and consumer reporting agencies." You also may request in writing that we disclose the nature and scope of any "investigative consumer report."

AUTHORIZATION

I, _____, hereby voluntarily authorize Progressive to obtain "consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" when making decisions regarding my employment at Progressive. I understand that I have rights under the FCRA, including the rights discussed above. If hired, this authorization shall remain on file and serve as an ongoing authorization for Progressive to procure consumer reports or investigative consumer reports at any time during my employment.

Signature

Date

Please turn page to continue with application.

AUTHORIZATION TO RELEASE GENERAL INFORMATION

To Whom It May Concern:

I hereby authorize and request any present or former employer, police department, educational or financial institution or other person having personal knowledge about me to furnish Progressive Casualty Insurance Company and its affiliates ("Progressive") or its representative any and all information in their possession regarding me in connection with my application for employment with Progressive. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. Educational institutions are authorized to release my Grade Point Average.

1. Print Full Name: _____

2. Please indicate any other **formal name** by which you've been known (e.g., maiden name): _____

3. Signature: _____

4. Social Security Number*: _____

5. Date of Birth*: _____

6. Year of Graduation and Formal Name at time of graduation*:

	Year	Formal Name
High School	_____	_____
G.E.D.	_____	_____
Vocational or Technical School	_____	_____
College	_____	_____
Graduate School	_____	_____

* For background check purposes only

REQUIRED: ADDITIONAL BUSINESS OR SCHOOL REFERENCES

1. Name _____ Position _____
Relationship to you _____ Telephone (_____)
May we contact for a reference at this time? Yes No If no, reason: _____
2. Name _____ Position _____
Relationship to you _____ Telephone (_____)
May we contact for a reference at this time? Yes No If no, reason: _____
3. Name _____ Position _____
Relationship to you _____ Telephone (_____)
May we contact for a reference at this time? Yes No If no, reason: _____

APPLICANT SIGNATURE

The information provided by me on this application is true and complete. I have not knowingly falsified or withheld any facts which, if disclosed, would adversely affect my application. I understand that any such falsification or withholding, no matter when discovered, will disqualify me from further consideration as a candidate for employment with Progressive or be grounds for termination if I am employed.

I have, by signing the attached document, authorized Progressive to investigate my background in order to evaluate my qualifications and to verify information contained in my application and resumé. I agree that Progressive may request information from previous employers, educational institutions, credit bureaus, local, state and federal law enforcement agencies and any entities or individuals who may have information relating to my character, general reputation, personal characteristics, or qualifications. I understand that any such information pertaining to me may be used by Progressive for employment purposes and I hereby release Progressive, its employees, agents and independent contractors from any liability in connection with investigations relating to my application for employment, and I further release from liability all individuals or entities who provide information to Progressive in connection with its investigation and evaluation of my application.

If I become employed by Progressive, I understand that I will be bound by Progressive's Code of Conduct and all of its policies and procedures.

If I become employed by Progressive, I pledge to preserve in confidence information concerning the business of Progressive which I obtain through my employment with Progressive and will not disclose any such information to third parties without the prior written consent of Progressive.

I understand that any job offer is subject to Progressive obtaining favorable references from prior employers and my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.

I have read, understand and agree to the above conditions of employment. I acknowledge that no promises regarding employment have been made to me and I understand that no such promise is binding upon Progressive unless made in writing by a duly-authorized officer of Progressive. If I become employed by Progressive, I understand that I will be an employee at-will, which means that I have the right to terminate my employment at any time, and that Progressive has the same right to terminate my employment, with or without cause, and with or without notice, at any time.

Signature of Applicant _____ Date _____

PROGRESSIVE CORPORATE HEADQUARTERS

6300 WILSON MILLS ROAD, MAYFIELD VILLAGE, OHIO 44143 • (440) 461-5000

progressive.com