



APPLICANT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYMENT TEAM SPECIALIST: \_\_\_\_\_

RE: State Farm® Employment Process - Pre-employment Testing

Congratulations! You have been selected to take the next step in the employment process with State Farm. As a part of this step, you will be asked to complete a battery of pre-employment testing specific to the job opportunity you are interested in.

In order to begin this process, please complete the following and return, via e-mail, to me. Once we have received this electronic document we can get you started!

**CERTIFICATION OF HONESTY**

I hereby certify that the responses on this assessment are truthful and solely the result of my individual effort. I understand I cannot request or receive assistance from anyone with my answers nor will I copy or otherwise record any contents of this assessment. I accept this protocol and also understand should it be determined that I received unauthorized assistance, I will no longer be considered for this employment opportunity.

**APPLICANT DECLARATION**

This is to attest: (choose one and complete as needed)

I have never taken a test for employment at State Farm Insurance Companies.

**- OR -**

I have taken a test for employment at State Farm Insurance Companies.

List the approximate date, place, and test taken:

When:

Where:

Test:

### ACCOMMODATION IN TESTING STATEMENT

If you have a physical or mental impairment that may affect your ability to take State Farm's employment tests, you may be eligible for an accommodation in testing.

Please notify our employment representative if you think you may qualify for an accommodation. Please request this accommodation prior to taking the employment tests and receiving your results.

In requesting an accommodation in testing, you will be asked to have your physician or other certifying professional provide suitable documentation of your need for accommodation.

I have read and understand the above paragraph.

I do require an accommodation in testing.

I do not require an accommodation in testing.

*Note: If you do require an accommodation in testing, State Farm's employment representative will provide you with a Request for Accommodation in Testing Form and a Medical Release. Your physician or other certifying professional will be required to provide current documentation of your need for, and propriety of, an accommodation.*

### ELECTRONIC SIGNATURE

I hereby attest that I have read and understand the contents herein, and have responded truthfully to the best of my knowledge by placing an X in the box as my electronic signature.