

# APPLICATION FOR EMPLOYMENT



Braun Electric, Inc. is an Equal Opportunity Employer. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. States' laws prohibit discrimination on the above, as well as ancestry, marital status and sexual preference.

PERSONAL	Last Name	First Name	Middle	Date
	Street Address			Home Telephone
	City, State, ZIP			Business Telephone
	Position Desired			Social Security Number
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Month and Year _____			Pay Expected
	What hours are you available?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?    Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," describe in full.			

EDUCATION	School	Name and Location of School	Course of Study	Graduate?	Degree or Diploma
	Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SKILLS	Professional License Issued By:	Field/Trade Specialization	License Number	Issue Date	Expiration Date
Please indicate any computer or other skills you may have:					
<input type="checkbox"/> Access <input type="checkbox"/> Great Plains <input type="checkbox"/> Fabrication <input type="checkbox"/> Other _____ <input type="checkbox"/> Excel <input type="checkbox"/> Auto CAD <input type="checkbox"/> Welding <input type="checkbox"/> Outlook <input type="checkbox"/> Approach <input type="checkbox"/> Powerpoint <input type="checkbox"/> Drafting					

MILITARY	MILITARY	Did you serve in the US Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch?
	Describe any training received relevant to the position for which you are applying.			

# CURRENT/PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone
	Address	Employed - (Month/Year)
	Name of Supervisor	From <span style="float: right;">To</span>
	State Job Title and Describe Your Work	Weekly Pay
		Start <span style="float: right;">Last</span>
	Reason for Leaving	

<b>2</b>	Company Name	Telephone
	Address	Employed - (Month/Year)
	Name of Supervisor	From <span style="float: right;">To</span>
	State Job Title and Describe Your Work	Weekly Pay
		Start <span style="float: right;">Last</span>
	Reason for Leaving	

<b>3</b>	Company Name	Telephone
	Address	Employed - (Month/Year)
	Name of Supervisor	From <span style="float: right;">To</span>
	State Job Title and Describe Your Work	Weekly Pay
		Start <span style="float: right;">Last</span>
	Reason for Leaving	

<b>4</b>	Company Name	Telephone
	Address	Employed - (Month/Year)
	Name of Supervisor	From <span style="float: right;">To</span>
	State Job Title and Describe Your Work	Weekly Pay
		Start <span style="float: right;">Last</span>
	Reason for Leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
Employer Numbers	Reason

RURAL MUTUAL INSURANCE COMPANY

List three personal references, not related to you, who have known you for more than one year.

	Name	Phone	Years Known	Relationship
1				
2				
3				

NOTICE

**NOTICE OF INSURANCE INFORMATION PRACTICES:**

Personal information about you may be collected from persons other than you including consumer credit reporting agencies. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instruction on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties, including rescission of coverage.

**APPLICANT'S STATEMENT:** As part of my application for insurance with Rural Mutual Insurance Company, I have read and understand the Notice of Insurance Information Practices.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Signature *Rachel P...* Date \_\_\_\_\_

C-1799 (8-99)



SIGNATURE

**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that Braun Electric, Inc. and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I acknowledge Braun Electric, Inc. reserves the right to request drug and alcohol testing for all prospective and current employees and understand that failure to comply is sufficient cause for termination.

Signature \_\_\_\_\_

Date \_\_\_\_\_

