

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, or national origin.

RAM Mutual Insurance Company PO Box 308 Esko, MN 55733 This application will be held on file for six (6) months.

PERSONALII	NFORMATION				
Date:		-			
Name:	Last				
	Last	First		Middle	
Present Address:	Street	City	State	Zip	
Permanent Address:	Street	City	State	Z ip	
			Phone Number:	,	
If related to anyone in ou state name and departme					
		EMPLOYMEN	NT DESIRED		
Position:		Date you can start:		Salary desired:	
Are you employed now?		If so, may we your present e			
Have you ever applied at	RAM in the past?		If so, when?		

EDUCATION

	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				

Subjects of special study or research work:

EMPLOYERS

Please list your last four employers starting with the most recent

Date, Month &	Name, Address & Phone Number	Salary	Positie	on	Reason for Leaving	
Year	of Employer	Jaiai y	I OSILI		iteason for Le	avilly
rom:	or Employer					
o: rom:						
o: From:			+			
o: rom:		<u> </u>				
TOITI.						
o:		<u> </u>				
		REFEREN	ICES			
		IVEI EIVEI	1020			
lease list the name	es of three previous employers o	r people you have work	red with in anoth	er capacity (inter	nship, volunteer wo	ork, etc.).
Nome	A dalace	Т	elephone	Ducin		Years
Name	Addres		Number	Busir	iess	Acquainted
	ngent upon verification of legal age e able to provide verification of elig		the United States	?		
	promote remains an eng	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(yes/no)		
「he 1994 Violent Cr	ime Control and Law Enforcement	Act. Sec. 1033 and 1034	4. bans anvone w	ith a felony convict	ion for a crime of dis	shonesty or
	ime Control and Law Enforcement working in the insurance industry.	Act, Sec. 1033 and 1034	4, bans anyone w	ith a felony convict	ion for a crime of dis	shonesty or
		Act, Sec. 1033 and 1034	4, bans anyone w	ith a felony convict	ion for a crime of dis	shonesty or
breach of trust from I authorize investiga	working in the insurance industry. tion of all statements contained in t	this application. I unders	stand that misrepr	esentation or omis	sion of facts called f	or is cause
oreach of trust from authorize investiga for dismissal. If inte	working in the insurance industry. tion of all statements contained in triewed, I give RAM Mutual Insurar	this application. I unders nce Company release ar	stand that misrepr	esentation or omis	sion of facts called f	or is cause e check regardi
oreach of trust from authorize investiga for dismissal. If inter- performance and/or	working in the insurance industry. tion of all statements contained in t	this application. I unders nce Company release ar employer. Further, I und	stand that misrepr nd consent to conderstand and agre	esentation or omis duct a background ee that my employr	sion of facts called f check and referenc nent is for no definit	or is cause e check regardi
authorize investiga or dismissal. If inter performance and/or may, regardless of the	working in the insurance industry. tion of all statements contained in triviewed, I give RAM Mutual Insurar reason for termination from a past the date of payment of my wages and the date of payment of the date of the dat	this application. I unders nce Company release ar employer. Further, I und nd salary, be terminated	stand that misrepr nd consent to conderstand and agre at any time witho	esentation or omis duct a background ee that my employr ut any previous no	sion of facts called f check and referenc nent is for no definit tice.	or is cause e check regardi e period and
authorize investiga or dismissal. If inter performance and/or nay, regardless of the	working in the insurance industry. tion of all statements contained in triewed, I give RAM Mutual Insurar reason for termination from a past	this application. I unders nce Company release ar employer. Further, I und nd salary, be terminated	stand that misrepr nd consent to conderstand and agre at any time witho	esentation or omis duct a background ee that my employr ut any previous no	sion of facts called f check and referenc nent is for no definit	or is cause e check regardi e period and
authorize investiga or dismissal. If inter performance and/or nay, regardless of the	working in the insurance industry. tion of all statements contained in triviewed, I give RAM Mutual Insurar reason for termination from a past the date of payment of my wages and the date of payment of the date of the dat	this application. I unders nce Company release ar employer. Further, I und nd salary, be terminated Signature:	stand that misrepr nd consent to conderstand and agre at any time witho	esentation or omis duct a background ee that my employr ut any previous no	sion of facts called f check and referenc nent is for no definit tice.	or is cause e check regardi e period and
authorize investiga for dismissal. If interpretended and/or may, regardless of the	working in the insurance industry. tion of all statements contained in triviewed, I give RAM Mutual Insurar reason for termination from a past the date of payment of my wages and the date of payment of the date of the dat	this application. I unders nce Company release ar employer. Further, I und nd salary, be terminated	stand that misrepr nd consent to conderstand and agre at any time witho	esentation or omis duct a background ee that my employr ut any previous no	sion of facts called f check and referenc nent is for no definit tice.	or is cause e check regardi e period and
authorize investiga or dismissal. If interperformance and/or nay, regardless of the Date:	working in the insurance industry. tion of all statements contained in tryiewed, I give RAM Mutual Insurar reason for termination from a past the date of payment of my wages and the date of payment of my wages are date of the date of payment of my wages and the date of payment of my wages are date of the	this application. I unders nce Company release ar employer. Further, I und nd salary, be terminated Signature: DO NOT WRITE BELO	stand that misrepr id consent to con- derstand and agre at any time witho	esentation or omis duct a background ee that my employr ut any previous no	sion of facts called f check and referenc nent is for no definit tice.	or is cause e check regardi e period and
authorize investiga or dismissal. If interpretable in the performance and/or nay, regardless of the pate:	working in the insurance industry. tion of all statements contained in triviewed, I give RAM Mutual Insurar reason for termination from a past the date of payment of my wages and the date of payment of the date of the dat	this application. I unders nce Company release ar employer. Further, I und nd salary, be terminated Signature: DO NOT WRITE BELO	stand that misrepr id consent to con- derstand and agre at any time witho	esentation or omis duct a background ee that my employr ut any previous no	sion of facts called f check and referenc nent is for no definit tice.	or is cause e check regardi e period and
authorize investiga or dismissal. If intelerformance and/or nay, regardless of the	working in the insurance industry. tion of all statements contained in tryiewed, I give RAM Mutual Insurar reason for termination from a past the date of payment of my wages and the date of payment of my wages are date of the date of payment of my wages and the date of payment of my wages are date of the	this application. I unders nce Company release ar employer. Further, I und nd salary, be terminated Signature: DO NOT WRITE BELO	stand that misrepr id consent to con- derstand and agre at any time witho	esentation or omis duct a background ee that my employr ut any previous no	sion of facts called f check and referenc nent is for no definit tice.	or is cause e check regardi e period and
authorize investiga or dismissal. If interperformance and/or nay, regardless of the pate:	working in the insurance industry. tion of all statements contained in tryiewed, I give RAM Mutual Insurar reason for termination from a past the date of payment of my wages and the date of payment of my wages are date of the date of payment of my wages and the date of payment of my wages are date of the	this application. I unders nce Company release ar employer. Further, I und nd salary, be terminated Signature: DO NOT WRITE BELO	stand that misrepr id consent to con- derstand and agre at any time witho	esentation or omis duct a background ee that my employr ut any previous no	sion of facts called f check and referenc nent is for no definit tice.	or is cause e check regardi e period and

Human Resources Department Manager President

Salary/Wages:

Reporting Date:

APPROVED: