



## EMPLOYERS

Please list your last four employers starting with the most recent.

Date, Month & Year	Name, Address & Phone Number of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

## REFERENCES

Please list the names of three previous employers or people you have worked with in another capacity (internship, volunteer work, etc.).

Name	Address	Telephone Number	Business	Years Acquainted

Employment is contingent upon verification of legal age requirements.

Upon hire, will you be able to provide verification of eligibility for employment in the United States? \_\_\_\_\_  
(yes/no)

The 1994 Violent Crime Control and Law Enforcement Act, Sec. 1033 and 1034, bans anyone with a felony conviction for a crime of dishonesty or breach of trust from working in the insurance industry.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. If interviewed, I give RAM Mutual Insurance Company release and consent to conduct a background check and reference check regarding past performance and/or reason for termination from a past employer. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

Hired: \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_

Reporting Date: \_\_\_\_\_ Salary/Wages: \_\_\_\_\_

**APPROVED:**

\_\_\_\_\_ *Human Resources*

\_\_\_\_\_ *Department Manager*

\_\_\_\_\_ *President*