

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT



R Braun 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**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

Home Phone (    ) \_\_\_\_\_                      Cell Phone (    ) \_\_\_\_\_

What hours are you available? \_\_\_\_\_                      Will you work overtime if asked? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Position applied for (1) \_\_\_\_\_                      When will you be available to begin work? \_\_\_\_\_  
 Salary desired (2) \_\_\_\_\_

Have you ever applied for employment with us?                      Employment desired:  
 If yes: Month and year: \_\_\_\_\_                       FULL-TIME ONLY     PART-TIME ONLY  
     FULL- OR PART-TIME     SEASONAL

HAVE YOU EVER BEEN CONVICTED OF A FELONY?     No                       Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	GRADUATE?	DEGREE OR DIPLOMA
High School				
College				
Bus. or Trade School				
Professional School				

## **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"/> Excel      | <input type="checkbox"/> Auto CAD     | <input type="checkbox"/> Welding     |
| <input type="checkbox"/> Outlook    | <input type="checkbox"/> Approach     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Drafting     |                                      |

### **Non driving applicants skip this section.**

**Driving applicants are required to sign a consent/authorization/release form allowing us to pull an MVR from a third party agency. The 3rd party agency requires name, dob, ssn, DL # and issuing state in order to pull the MVR. An applicant whose MVR does not meet our valid drivers license and good driving record requirement is not scheduled for an interview and is sent a letter notifying them that based on their MVR they did not meet our minimum qualifications.**

DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

Date of Birth? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_     Commercial (CDL)     "N" Tanker Endorsement

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?

How many? \_\_\_\_\_

Have you had any moving violations during the past three years?

How Many? \_\_\_\_\_

## **MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?     Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD or RESERVES?     Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

## **OTHER**

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.


**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

1. Name of employer	Name of last supervisor	Employment dates	Hourly wage or salary / hrs in pp
Address City, State, Zip Code		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

2. Name of employer	Name of last supervisor	Employment dates	Hourly wage or salary / hrs in pp
Address City, State, Zip Code		From To	Start Final
Phone number	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

3. Name of employer	Name of last supervisor	Employment dates	Hourly wage or salary / hrs in pp
Address City, State, Zip Code		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

We may contact the employers listed above unless noted not to here:

**REFERENCES**

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**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. D.* \_\_\_\_\_ Date \_\_\_\_\_

C-1799 (8-99)



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by R Braun Inc (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of R Braun Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and R Braun Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

TO BE COMPLETED BY EMPLOYER

Date of employment \_\_\_\_\_ Job title \_\_\_\_\_ Dept. \_\_\_\_\_

Location \_\_\_\_\_ Rate of pay \_\_\_\_\_  Full-time  Part-time  Salaried

Applicant's signature acknowledging above information \_\_\_\_\_

Drug test confirmation number \_\_\_\_\_

Name of person verifying information \_\_\_\_\_

Name of person authorizing employment \_\_\_\_\_