

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

## 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

DATE _____	
Name _____	
Last	First
Middle	
Present address _____	
Number	Street
City	State
Zip	
Telephone (____) _____	Social Security No. _____ - _____ - _____
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) _____	Employment desired:
Have you ever applied for employment with us?	<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY
If yes: Month and year: _____	<input type="checkbox"/> FULL- OR PART-TIME <input type="checkbox"/> SEASONAL
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> 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				

<b>SKILLS</b>				
<b>Professional License Issued By:</b>	<b>Field/Trade Specialization</b>	<b>License Number</b>	<b>Issue Date</b>	<b>Expiration Date</b>

**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 _____
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Have you had any accidents during the past three years?	How many? _____
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Have you had any moving violations during the past three years?	How Many? _____
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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 \_\_\_\_\_

<b><u>OTHER</u></b>
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[illegible]

**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)

 **RURAL MUTUAL INSURANCE**  
COMPANY  
P.O. Box 2555 • Madison, WI 53705-0555  
A Farm Bureau Service

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Braun Electric, 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 Braun Electric, 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 Braun Electric, 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 \_\_\_\_\_