



HUMAN RESOURCE DOCUMENT

EMPLOYMENT APPLICATION

Prepared by Sarah
Shave 07/25/16



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The Franklin Mutual Insurance Company FMI Inc. FMI Insurance Company Fidelity Mohawk Insurance Company

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available	Social Security No.			Drivers License #	
Position Applied for					
Salary required					
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?		YES NO
Have you ever worked for this company?	YES	NO	If so, when?		
Have you submitted an Application here before?	YES	NO	If so, when?		
Do you have any relatives or potential relatives working here?	YES	NO	If yes, please explain.		

GENERAL

Job-related skills:

Keyboarding skills:

Computer knowledge:

Additional skills:

Property/Casualty License:

Other:

EDUCATION

High School		Address	
From	To	Did you graduate?	YES NO Degree
College		Address	
From	To	Did you graduate?	YES NO Degree
Other		Address	
From	To	Did you graduate?	YES NO Degree

REFERENCES*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES NO			
Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES NO			
Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES NO			

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE***Please read and sign the following statement:***

I certify that all information provided in all my application material is true. I understand that any false statement made herein is sufficient reason for rejection of this application or termination of subsequent employment regardless of date of discovery. I authorize FMI to investigate all statements made in my application material for employment. I understand that an offer of employment from FMI will be contingent on the receipt and evaluation of the background check report.

I have carefully read and understand this statement and, by my signature below, note such.

Signature

Date

H.R. Manager
Signature

Date