



P O Box 48 Cottonwood, Minnesota 56229 - 0048  
507-423-6262 Fax 507-423-6008  
www.northstarmutual.com

## APPLICATION FOR EMPLOYMENT

NORTH STAR MUTUAL INSURANCE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. North Star Mutual Insurance Company does not discriminate on the basis of race, color, creed, sex, religion, marital status, age, national origin, disability, sexual orientation, veteran status, or any other class protected by federal, state, or local law. Should you need a reasonable accommodation for a disability when completing the application form or during the hiring process, please contact the human resources department.

(PLEASE PRINT)

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_  
How Did You Learn About Us? \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last Name  
\_\_\_\_\_  
Address Number Street City State Zip Code  
\_\_\_\_\_  
Telephone Number Email Address (optional)

Are you at least 18 years of age? .....  Yes  No  
*If no, you may be required to submit proof of age and/or a work permit if hired.*

Have you ever filed an application with us or been employed with us before? .....  Yes  No  
If Yes, give date \_\_\_\_\_

Are you currently employed? .....  Yes  No

Are you legally authorized to work in the United States? .....  Yes  No  
*As required by law, proof of employment eligibility and identity will be required at the time of hire.*

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time  Part-Time  Temporary/Seasonal

# EMPLOYMENT EXPERIENCE

Please start with your present or most recent position. Include all employment experience regardless of length of service. Account for all periods of unemployment. Resumes may be attached as a supplement. If additional space is needed, please attach supplementary sheets.

<b>Employer</b>	<b>Dates Employed</b>		<b>Job Title and Duties Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number (s)	Hourly Rate/Salary		
Supervisor's Name and Title	Starting	Final	
Reason for Leaving			
<b>Employer</b>	<b>Dates Employed</b>		<b>Job Title and Duties Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number (s)	Hourly Rate/Salary		
Supervisor's Name and Title	Starting	Final	
Reason for Leaving			
<b>Employer</b>	<b>Dates Employed</b>		<b>Job Title and Duties Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number (s)	Hourly Rate/Salary		
Supervisor's Name and Title	Starting	Final	
Reason for Leaving			
<b>Employer</b>	<b>Dates Employed</b>		<b>Job Title and Duties Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number (s)	Hourly Rate/Salary		
Supervisor's Name and Title	Starting	Final	
Reason for Leaving			

# EDUCATION

	Name and Location of School	Course of Study	Years/Grade Completed	Did you Graduate?	Diploma/Degree/Certificate
High School					
College					
Other (Specify)					

# ADDITIONAL INFORMATION

## Special Skills/Qualifications

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, national origin, sexual orientation, marital status, genetic information, disability, age, or any other status protected by federal, state, or local law.

## Professional Organizations/Trade Groups

Please list any professional organizations or trade groups you belong to that you consider relevant to your ability to perform this job. You should exclude organizations that indicate race, color, creed, religion, sex, national origin, sexual orientation, marital status, genetic information, disability, age, or any other status protected by federal, state, or local law.

# PROFESSIONAL REFERENCES

1.	( )
(Name)	Phone #
(Address)	
2.	( )
(Name)	Phone #
(Address)	
3.	( )
(Name)	Phone #
(Address)	

## APPLICANT'S STATEMENT

**Please read the following carefully before signing this application.**

- I certify that all information provided in connection with the hiring process is true in all respects. I understand that false or misleading information on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or, if discovered after hire, may result in the immediate termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is not intended to create an employment contract between North Star Mutual Insurance Company and myself. I understand that any employment relationship with North Star Mutual Insurance Company is "at-will," which means that I have the right to terminate my employment at any time for any reason or no reason, with or without notice, and North Star Mutual Insurance Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. North Star Mutual Insurance Company's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by an authorized executive of this organization. I also understand that if I am employed by North Star Mutual Insurance Company, I must abide by all rules and regulations of North Star Mutual Insurance Company.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize North Star Mutual Insurance Company and its representatives to investigate my qualifications for employment. I understand that this may include requesting information from prior employers, former supervisors and company personnel, educational institutions, and all others for the purpose of verifying the information I have supplied during the hiring process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I understand and acknowledge that the information may include opinions, and may be favorable, neutral, unfavorable, or a combination of the foregoing. I authorize my prior employers to provide North Star Mutual Insurance Company any job-related information, personal or otherwise, they may have regarding me and I release North Star Mutual Insurance Company and these entities or individuals from any liability resulting from the release of this information.

**By signing below, I acknowledge that I have read, understand and agree with the above statements.**

_____	_____
Signature of Applicant	Date