

5 Broad Street • PO Box 400 • Branchville, NJ 07826-0400 Tel: 973-948-8800 • Fax: 973-948-7190 • www.FMIweb.com

FOR THE WAY YOU LIVE The Franklin Mutual Insurance Company FMI Inc. FMI Insurance Company Fidelity Mohawk Insurance Company

| APPLICANT INFORMATION | | | | | | | | | | | | | |
|---|-------------|-----------------|-------------------|------------|----------------|----------------|--|----------|-----|------------------|--|--|--|
| Last Name | | | First | st | | | | M.I. | | Date | | | |
| StreetAddress | | | | | | · · · | | | | Apartment/Unit # | | | |
| City | | | | State | | | | : | ZIP | | | | |
| Phone | | | | | E-mail A | E-mail Address | | | | | | | |
| Date Available Socia | | | ocial Security No | o. Dr # | | | | ers Lice | nse | | | | |
| Position Applied for | | | | | | | | | | | | | |
| Salary required | | | | | | | | | | | | | |
| Are you authorized to work in the U.S.? YES | | | | NO | NO | | | | | | | | |
| Have you | u ever wo | rked for this (| company? | YES | NO | If so, when? | | | | | | | |
| Have you submitted an Application here | | | | YES | NO | If so, when? | | | | | | | |
| before? Do you have any relatives or potential | | | YES | NO | If yes, please | | | | | | | | |
| relatives working here? | | | | | | | | | | | | | |
| GENER | AL | | | | | | | | | | | | |
| Job-related skills: | | | | | | | | | | | | | |
| Keyboar | dingskills: | | | | | | | | | | | | |
| Compute | r knowled | lge: | | | | | | | | | | | |
| Additiona | al skills: | | | | | | | | | | | | |
| Property/Casualty License: | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| EDUCA | TION | | | | | | | | | | | | |
| High Sch | High School | | | Address | | | | | | | | | |
| Did you g | graduate? | YES | NO | Degree | | | | | | | | | |
| College | | | | Address | | | | | | | | | |
| Did you graduate? | | YES | NO | Degree | | | | | | | | | |
| Other | Address | | | | | | | | | | | | |
| Did you graduate? YES | | YES | NO | Degree | | | | | | | | | |
| | | | | | | | | | | | | | |

| REFERENCES | | | | | | | | | |
|---|---------------------------|--------------------|---|------------|--------------|---------------|----|--|--|
| Please list three professional references. | | | | | | | | | |
| Full Name | | | | | Relationship | | | | |
| Company | | | | | Phone | | | | |
| Address | | | | | | | | | |
| Full Name | | | | | Relationship | | | | |
| Company | | Phone | | | | | | | |
| Address | ess | | | | | | | | |
| Full Name | | | | | Relationship | | | | |
| Company | | | | | Phone | | | | |
| Address | | | | | | | | | |
| | | | | | | | | | |
| PREVIOUS EMPLOYMENT | | | | | | | | | |
| Company | pany Phone | | | | | | | | |
| Address | Address | | | | Supervisor | | | | |
| JobTitle | Job Title Starting Salary | | | | | \$ | | | |
| Responsibilities | | | | | | | | | |
| From | To Reason for Leaving: | | | | | | | | |
| May we contact your previous supervisor for a reference? YES NO | | | | | | | | | |
| Company Phone | | | | | | | | | |
| Address | | | | Supervisor | | | | | |
| JobTitle | Title Starting Salary | | | \$ | | Ending Salary | \$ | | |
| Responsibilities | | | | | | | | | |
| From To Reason for Leaving: | | | | | | | | | |
| May we contact your previous supervisor for a reference? YES NO | | | | | | | | | |
| Company F | | | | | Phone | | | | |
| Address | | | | Supervisor | | | | | |
| Job Title Starting Salary | | | | | | Ending Salary | \$ | | |
| Responsibilities | | | | | | | | | |
| From | То | 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 | | | | | | |