



| EDUCATION/TRAINING |            |                            |  |                                |                 |        |
|--------------------|------------|----------------------------|--|--------------------------------|-----------------|--------|
| Name of School(s)  | City/State | Circle last year completed | Graduated?   | Major Field or Course of Study | Degree Received | G.P.A. |
| High School        |            | 9 10 11 12                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                 |        |
| College/University |            | 1 2 3 4                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                 |        |
|                    |            | 1 2 3 4                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                 |        |
| Other              |            | 1 2 3 4                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                 |        |

| SPECIAL SKILLS                                 |
|--|
| <input type="checkbox"/> Typing _____ wpm      |
| <input type="checkbox"/> Software (list types) |
| Other Skills or Certifications:                |

**EMPLOYMENT HISTORY**

List all past and present employment starting with your most recent employer first, so that **no** time is left free. Include volunteer work and active military service (use additional forms, if necessary). Indicate if other than full-time work.

**You must complete this section even if attaching a resume.**

May we contact your present employer?  Yes  No

| DATES |    |    |    | Present/Most Recent Employer | Address    | Phone   |
|-------|----|----|----|------------------------------|------------|---|
| From  |    | To |    |                              |            |   |
| Mo    | Yr | Mo | Yr | Job Title                    | Supervisor | Reason for Leaving (state & explain whether voluntary or involuntary termination) |
|       |    |    |    |                              | Title      |   |

|   |    |    |    |                   |  |
|---|----|----|----|-------------------|--|
| <b>Present/Most Recent Employer (continued)</b> |    |    |    |                   |  |
| Job Duties/Responsibilities                     |    |    |    |                   | Salary<br>\$ _____<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Hourly |
| <b>DATES</b>                                    |    |    |    | Previous Employer | Address  |
| From  |    | To |    |                   | Phone  |
| Mo  | Yr | Mo | Yr | Job Title         | Supervisor   |
|   |    |    |    |                   | Title  |
|   |    |    |    |                   | Reason for Leaving (state & explain whether voluntary or involuntary termination)  |
| Job Duties/Responsibilities                     |    |    |    |                   | Salary<br>\$ _____<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Hourly |

|                             |    |    |    |                   |  |   |
|-----------------------------|----|----|----|-------------------|--|---|
| <b>DATES</b>                |    |    |    | Previous Employer | Address  | Phone   |
| From                        |    | To |    |                   |  |   |
| Mo                          | Yr | Mo | Yr | Job Title         | Supervisor   | Reason for Leaving (state & explain whether voluntary or involuntary termination) |
|                             |    |    |    |                   | Title  |   |
| Job Duties/Responsibilities |    |    |    |                   | Salary<br>\$ _____<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Hourly |   |

| DATES                       |    |    |    | Previous Employer | Address    | Phone  |
|-----------------------------|----|----|----|-------------------|------------|--|
| From                        |    | To |    |                   |            |  |
| Mo                          | Yr | Mo | Yr | Job Title         | Supervisor | Reason for Leaving (state & explain whether voluntary or involuntary termination)                      |
|                             |    |    |    |                   | Title      |  |
|                             |    |    |    |                   |            |  |
| Job Duties/Responsibilities |    |    |    |                   |            | Salary   |
|                             |    |    |    |                   |            | \$ _____   |
|                             |    |    |    |                   |            | <input type="checkbox"/> Annual<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Hourly |

**Have you been convicted of any felony, or of a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged?**  Yes  No  
*(Convictions for marijuana-related offenses that are more than two years old need not be listed.)* If yes, state nature of the crime(s), when and where convicted, and disposition of the case(s).

(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for, may, however, be considered.)

**AUTHORIZATION AND RELEASE**

The facts set forth in this Employment Application are true and complete to the best of my knowledge. I understand that false statements, misrepresentations or omissions on this application may result in removal of my application from consideration or termination of employment. I understand nothing contained in this application, or in the granting of an interview, creates an offer of employment. I authorize the investigation of all statements given in this application including, but not limited to, contacting all schools that I have attended and all current (unless I indicated "no" above) and/or previous employers. I agree to release, hold harmless, and to waive any claims I may have against NORCAL Mutual Insurance Company and any and all of my schools and current and former employers, whether or not identified in this application, for any damages, loss or injury I may sustain as a result of any disclosure and in accordance with this release. If employed, I agree to conform to the rules and regulations of NORCAL Mutual Insurance Company. Further, I understand that my employment is "at will" and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Company or myself. I understand that any oral or written statements to the contrary may not be relied upon. Further, I understand that no company manager or representative of NORCAL Mutual Insurance Company, other than the President of the Company or the President's designee, in writing, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. A copy of this Authorization and Release is as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** Unless renewed, all applications become inactive in 90 days.



