

SAFETY NATIONAL CASUALTY CORPORATION

Safety National Casualty Corporation (SN) is a smoke-free work environment

Applicants Please Note

At SN, we pride ourselves on recruiting and retaining the highest caliber employees. To do this properly, we may verify all information provided in this application. Please provide the specific information requested. You may also add a written explanation to any question, but that is not a substitute for completing the information we have requested. If you have questions on how to complete any portion of this application, please ask to speak with a Human Resources representative. A discrepancy between information provided on the application and information provided by the verifying source (i.e. a school or former employer) may result in an offer of employment being rescinded or discharge if you have already been hired.

To help us in our evaluation of your qualifications, we require that you answer all questions completely and accurately. Applicants who provide incomplete or false information in connection with this application may be denied employment, have an offer rescinded, or upon discovery, be terminated.

Thank you.

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, religion, gender, national origin, citizenship, age, disability, veteran status, marital or familial status or any other legally protected characteristic.

(Applicants: Complete Section Above. Please Print.)

Last Name

First

Middle

Position Applied For

Date Applied

In order to facilitate the staffing process, applicants are required to thoroughly complete all sections of this page

Personal Data

Last Name	First	Middle	Today's Date
List any other names you have been known by including maiden name			
Present Address: Street	City	State	Zipcode
			Period of Residence

Have you resided at other addresses in the last 10 years? No Yes If yes, enter all other addresses below or on an additional sheet.

Social Security Number	E-Mail Address	Home Phone Number	Mobile Phone
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General Data (MUST Be Completed By ALL Applicants)

Position Applying For (If blank, application cannot be processed)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time: Hrs/Wk _____	Minimum Salary Expected \$ _____ Per Year	Date Available For Employment
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Office Experience - Check Any Of The Following In Which You Have Had Training Or Experience:

<input type="checkbox"/> Dictaphone _____ WPM	<input type="checkbox"/> Database Applications (list software) _____
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Presentation Applications (list software) _____
<input type="checkbox"/> Word Processing (list software) _____	<input type="checkbox"/> Imaging Applications (list software) _____
<input type="checkbox"/> Spreadsheet Applications (list software) _____	

How were you referred to us? Be specific

<input type="checkbox"/> Newspaper Help Wanted Ad _____	<input type="checkbox"/> SN Employee: _____
<input type="checkbox"/> Trade Publication Ad: _____	<input type="checkbox"/> Friend or Relative not employed here: _____
<input type="checkbox"/> School Placement Office _____	
<input type="checkbox"/> Employment Agency _____	<input type="checkbox"/> Other _____

Have you ever been convicted of a crime excluding minor traffic tickets? (A "conviction" includes a finding of guilty by a trial judge or jury, a plea of guilty and/or a plea of no contest)
 Yes No (A record of a conviction will not be an absolute bar to employment. The circumstances of each case will be considered in making employment decisions.)

If you are under 18, can you furnish a work permit?
 Yes No

Have you ever filed an application with SN before? If yes, give dates.
 Yes No

Have you ever been employed with SN before? If yes, give dates of employment and job title(s).
 Yes No

Are you related to any current SN or Delphi Financial Group employee? If yes, give name of employee and relationship.
 Yes No

Educational Data

Name and Address of Institution	Dates Attended		Graduated		Course of Study		GPA	Type of Degree
	Month/Year	Month/Year	Yes	No	Major	Minor		
	From	To						
High School or Vocational School								
Junior College								
College or University								
Graduate or Professional School								
Other Education			Certificate?					
Professional Certification								

U. S. Military Service

List any military training or experience that you think adds to your qualifications for this position:

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Previous Employment

Please list all post high school employment, within the last 10 years, listing the most recent employer first. Please explain all periods between jobs/or in which you were not working. Please attach additional sheets, if necessary, to respond completely.

CURRENT OR LAST POSITION: Can we contact this employer: Yes No

1	Company Name		Type of Business	Dates Employed (From - To)	---
	Street Address		Position Title at Starting	STARTING BASE SALARY	
				\$	Per Year
	City, State	Zipcode	Position Title at Leaving	CURRENT OR ENDING BASE SALARY	
				\$	Per Year
	Immediate Supervisor Name and Title		Telephone Number	*Please indicate below: Bonus, Overtime, or other Financial Incentives received.	
Reason for Leaving					
Describe Duties and Responsibilities or Attach a Resume					
2	Company Name		Type of Business	Dates Employed (From - To)	---
	Street Address		Position Title at Starting	STARTING BASE SALARY	
				\$	Per Year
	City, State	Zipcode	Position Title at Leaving	CURRENT OR ENDING BASE SALARY	
				\$	Per Year
	Immediate Supervisor Name and Title		Telephone Number	*Please indicate below: Bonus, Overtime, or other Financial Incentives received.	
Reason for Leaving					
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide reason:					
Describe Duties and Responsibilities or Attach a Resume					
3	Company Name		Type of Business	Dates Employed (From - To)	---
	Street Address		Position Title at Starting	STARTING BASE SALARY	
				\$	Per Year
	City, State	Zipcode	Position Title at Leaving	CURRENT OR ENDING BASE SALARY	
				\$	Per Year
	Immediate Supervisor Name and Title		Telephone Number	*Please indicate below: Bonus, Overtime, or other Financial Incentives received.	
Reason for Leaving					
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide reason:					
Describe Duties and Responsibilities or Attach a Resume					

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References

Please provide three business references

1 Name	Company	Relationship
Address		
Phone	Email	
2 Name	Company	Relationship
Address		
Phone	Email	
3 Name	Company	Relationship
Address		
Phone	Email	

Supplemental Information

Please use the space below to list any additional relevant information or use additional sheets.

Please read carefully and completely before signing. I authorize SN to thoroughly investigate my references, work records, education and other matters related to my suitability for employment. In that regard, I authorize my current and former employers to disclose to SN any and all employment records related to my employment with them. I also authorize any and all schools, colleges and universities that I have attended to disclose to SN any and all information that may be relevant to my employment with SN. I agree not to bring any claim against SN, or its affiliates, or any person, company or agency for providing or using the information requested.

I certify that all of the answers that I have provided in this application are true and correct and that I have not withheld any information requested on the application. I understand that any omission or misrepresentation on this application for employment or on any documents submitted to SN in connection with this application shall be grounds for immediate rejection of my application for employment, or for immediate discharge from employment if the omission or misrepresentation is discovered after I have been hired.

Additionally, I understand that nothing contained in this employment application or in the grant of an interview is intended to create an employment contract between Safety National Casualty Corporation and me for either employment or for the provision of any benefit. I agree that no promises regarding employment have been made to me. I understand further that if I am employed by SN, I will be employed at will, meaning that my employment is not for a definite period of time and that either I or SN can terminate my employment at any time and for any reason or no reason at all. I further understand that no representative of SN other than the CEO/President/COO has any authority to enter into any agreement with me for any specified period of time or to guarantee any other terms or conditions of employment and that any such agreement with me for any specified period of time or to guarantee any other terms or conditions of employment and that any such guarantee must be in writing. Any other promises or guarantees are expressly disavowed.

I understand that according to federal law all individuals who are hired must, as a condition of employment, provide certain documentation to verify their identity and legal eligibility to work in the U.S.A. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the necessary documentation within the time period required by law.

I have read, understand and by my signature below consent to these statements.	Date
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