# 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provided by the verifying source (i.e. a school or former employer) may result in an offer of employment being rescinded or discharge if you have already been hired.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who provide incomplete or false information in connection with this application may be denied employment, have an offer rescinded, or upon discovery, be terminated.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.

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 Yes If yes, enter all other addresses below or on an additional sheet. Have you resided at other addresses in the last 10 years? No Social Security Number E-Mail Address Home Phone Number Mobile Phone **General Data (MUST Be Completed By ALL Applicants)** Position Applying For (If blank, ☐ Full Time Minimum Salary Expected Date Available For Employment application cannot be processed) Per Year Part Time: Hrs/Wk Office Experience - Check Any Of The Following In Which You Have Had Training Or Experience: Dictaphone ☐ Presentation Applications (list software) ☐ Typing ☐ Imaging Applications (list software) ☐ Word Processing (list software) ☐ Spreadsheet Applications (list software) \_ How were you referred to us? Be specific Newspaper Help Wanted Ad ☐ SN Employee: ☐ Trade Publication Ad: Friend or Relative not employed here: \_\_\_ □ School Placement Office —— ☐ Employment Agency 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.) Have you ever filed an application with SN before? If yes, give dates. If you are under 18, can you furnish a work permit? ☐ Yes ☐ No ☐ 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 Dates Attended** Graduated Course of Study Name and Address of Institution **GPA** Type of Degree Month/Year Month/Year Major Minor From To Yes High School or Vocational School Junior College College or University **Graduate or Professional School** Certificate? Other Education Professional Certification **U. S. Military Service** List any military training or experience that you think adds to your qualifications for this position:

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

# **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.

	CUI	RRENT OR	LAST POSITION: Can we contact this employ	er: Yes No			
_	1		T	D. 5 1 1/5 7)			
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			
	Immediate Supervisor Name and Title		Telephone Number	\$ Per Year  *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			
	Immediate Supervisor Name and Title		Talanhana Numbar	\$ Per Year  *Please indicate below: Bonus, Overtime, or other Financial			
	Immediate Supervisor Name and Title		Telephone Number	Incentives received.			
	Reason for Leaving						
	Can we contact this employer? Yes 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			
	C'h Char	Zipcode	Destrict Title and a color	\$ Per Year  CURRENT OR ENDING BASE SALARY			
	City, State	Zipcode	Position Title at Leaving	\$ 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? Yes No If no, please provide reason:						
	Describe Duties and Responsibilities or Attach a Resume						
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References				
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Please provide three business refer	ences			
<b>1</b> Name	Company	Relationship		
Address				
Phone	Email			
2 Name	Company	Relationship		
Address				
Phone	Email			
<b>3</b> Name	Company	Relationship		
Address				
Phone	Email			
related to my suitability for employmer related to my employment with them. information that may be relevant to magency for providing or using the information. I certify that all of the answers that I has application. I understand that any connection with this application shall employment if the omission or misrep.  Additionally, I understand that nothing contract between Safety National Cast regarding employment have been memployment is not for a definite period I further understand that no represent specified period of time or to guarantee.	nt. In that regard, I authorize my curre. I also authorize any and all schools, my employment with SN. I agree not mation requested.  I also authorize any and all schools, my employment with SN. I agree not mation requested.  I also authorize any and all schools, my employment are true mission or misrepresentation on this libe grounds for immediate rejection resentation is discovered after I have be go contained in this employment applitualty Corporation and me for either and to time and that either I or SN can tertative of SN other than the CEO/Preside any other terms or conditions of employments.	cation or in the grant of an interview is intended to create an employment employment or for the provision of any benefit. I agree that no promises at if I am employed by SN, I will be employed at will, meaning that my minate my employment at any time and for any reason or no reason at all. dent/COO has any authority to enter into any agreement with me for any aployment and that any such agreement with me for any specified period of		
are expressly disavowed.		sany such guarantee must be in writing. Any other promises or guarantees st, as a condition of employment, provide certain documentation to verify		
		nderstand that any offer of employment would be contingent on my ability		

Date

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.

# RELEASE AUTHORIZATION AND FAIR CREDIT REPORTING ACT DISCLOSURE (FOR EMPLOYMENT PURPOSES)

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (http://www.ftc.gov).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

#### For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

#### For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

#### **For Washington Applicants Only**

If we request an investigative consumer report, you have the right, upon written request make within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

**For California\*, Minnesota, and Oklahoma Applicants Only:** A consumer credit report will be obtained through Business Information Group, Inc., P.O. Box 541, Southampton, PA 18966.

	If a <b>consumer credit report</b> is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes No				
	initials initials				
	If an investigative consumer report and/or consumer report is processed, I understand that I am entitled to receive a copy. I				
	have indicated below whether I would like a copy. Yes No				
	initials initials				
	*California Applicants: If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employers receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).				
ate:	Signature of Applicant:				
	Print Name:				