



# THE SEIBELS BRUCE GROUP, INC.®

*Building Relationships Since 1869*

POST OFFICE BOX ONE • COLUMBIA, SC 29202 • 803.748.2000

[www.seibels.com](http://www.seibels.com)

### SUBSIDIARIES:

Catawba Insurance Company      Seibels, Bruce & Company  
Insurance Network Services, Inc.      Universal Insurance Company

## APPLICATION FOR EMPLOYMENT

The Seibels Bruce Group, Inc. (SBG) is an Equal Opportunity, Affirmative Action Employer. As such, we do not discriminate in our employment practices on the basis of race, color, age, sex, religion, national origin, pregnancy, disability, or status as a statutorily protected veteran. We comply with all applicable local, state, and federal laws. Disabled persons needing an accommodation during the application process are encouraged to notify the Human Resources department.

### APPLICANT INFORMATION

<b>Name - Last, First, Middle Initial, Preferred Name</b>	
<b>Social Security Number</b>	<b>Date</b>
<b>Mailing Address</b>	<b>Telephone Numbers</b>
<b>Street:</b>	<b>Home: (    )</b>
<b>City:</b>	<b>Work: (    )</b>
<b>State, Zip:</b>	<b>Cell/Other: (    )</b>
<b>E-Mail Address</b>	<b>Driver's License Number, State Issued</b>

### EMPLOYMENT INTEREST

<b>Position(s) Desired</b>		<b>Date Available</b>
<b>Are you applying for</b>	<b>Will you work overtime if needed?</b>	<b>Salary Desired</b>
Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Temporary: <input type="checkbox"/> Summer: <input type="checkbox"/> Internship: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Are you over the age of 18? Yes:  No:

If hired, can you provide proof of identity and proof of authorization to work in the United States? Yes:  No:

Have you worked for The Seibels Bruce Group, Inc. previously? Yes:  No:

If yes, as a: Temporary through an Agency:  Contractor:  Seibels Bruce Employee:

Dates Employed: \_\_\_\_\_

Division/Group: \_\_\_\_\_

Location: Columbia  Winston-Salem  Florida  Other

Do you have a relative employed by The Seibels Bruce Group, Inc.? Yes:  No:

If yes, please provide name(s): \_\_\_\_\_

Have you ever been convicted of (or plead guilty or no contest to) a violation of law other than a minor traffic violation?

Yes:  No:  If yes, please provide details: \_\_\_\_\_

*Please note that a yes answer will not necessarily disqualify you from employment.*

Can you perform the essential job functions of the position for which you have applied, either with or without reasonable accommodation? Yes:  No:

How did you learn about The Seibels Bruce Group, Inc.?

Advertisement:  College/University:  Seibels Bruce website:  INS website:  UIC website:

Employee Referral:  (Employee Name: \_\_\_\_\_) Other:  \_\_\_\_\_

## EDUCATION AND TRAINING

School Attended	City, State	Course or Major	Did you graduate?	Degree/Diploma/Certificate
HIGH SCHOOL			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
COLLEGE/UNIVERSITY			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
COLLEGE/UNIVERSITY			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Have you had any insurance related courses? Yes:  No:

If yes, please list course work and include dates: \_\_\_\_\_

Please list any licenses and certifications. \_\_\_\_\_

### ADDITIONAL SKILLS

Please check all that apply.

#### Office Equipment

- Copier
- Fax Machine
- Printer
- Scanner
- Calculator
- Typing  (speed) \_\_\_\_\_ wpm

#### Computer Software

- MicroSoft Word
- PowerPoint
- Access
- Excel
- Internet Browser

#### Version (If known)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other software applications, office equipment, and skills not listed above.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT DATA

List below all present and past employment ***starting with your most recent employer***. Please explain any gaps in employment. You must complete this section even if you are providing a resume. The information provided will be verified as part of our employment process. Your application is kept active for one year from the date of application. If necessary, attach an additional page(s) to provide a complete work history.

Name of Present or Last Employer	Address	Dates of Employment	Job Title
May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		From:  To:	
Supervisor Name and Phone Number	Major Duties	Reason for leaving	Salary
			Starting:  Ending:

Employer	Address	Dates of Employment	Job Title
May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		From:  To:	
Supervisor Name and Phone Number	Major Duties	Reason for leaving	Salary
			Starting:  Ending:

Employer	Address	Dates of Employment	Job Title
May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		From:  To:	
Supervisor Name and Phone Number	Major Duties	Reason for leaving	Salary
			Starting:  Ending:

## PROFESSIONAL REFERENCES

List 3 people, preferably past supervisors, who can tell us about your qualifications. **Do NOT include relatives.**

Name	Address	Relationship	Phone (    )	Years Known
Name	Address	Relationship	Phone (    )	Years Known
Name	Address	Relationship	Phone (    )	Years Known

## CONDITIONS OF EMPLOYMENT

**Please carefully read the following statements and certify by your signature that you have read and understand them.**

If employed, I understand that (1) my employment may be terminated by me or the company at any time for any reason (either during or after the evaluation period) without notice; (2) the company may revise, and make exceptions to its policies, practices, handbooks, manuals, guidelines, rules, regulations, and benefits in whole or in part, at any time; and (3) unless agreed to in writing by the President of the company, no written or oral statements I receive from any company representative will change my status as an at-will employee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Background Checks

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them.

In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against Seibels, Bruce & Company, and my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regard me.

I certify that all of the information that I have provided on this application is true and accurate. I understand that, if employed, omissions or false or inaccurate statements on this application or during the interview process may result in dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## **ALCOHOL AND DRUG SCREENING AUTHORIZATION AND CONSENT FORM**

I, \_\_\_\_\_, hereby acknowledge that I have been informed of the Company's SUBSTANCE ABUSE AND TESTING POLICY and agree to be bound by this policy for purposes of applying for, accepting, or continuing employment with the Company. I understand that any offer of employment may be contingent upon passing a test for the presence of drugs and alcohol performed by the Company's designated party. I also understand that the Company reserves the right to require me to submit to a test for the presence of drugs and alcohol in my system at any time during my employment, to the extent permitted by law. I agree that this authorization and consent is valid for a pre-employment test, and If I am hired, for the duration of my employment with Seibels, Bruce & Company.

I consent to the disclosure of the results of any drug and alcohol test to the Company for the purpose of protecting the safety and well being of the Company's employees and others. I understand and consent freely and voluntarily to the Company's request for urine or other specimen or sample. I hereby release and hold harmless the Company, the laboratory, their employees, agents, and contractors from liability arising from this request to furnish this or any specimen or sample, the testing of the specimen or sample, and any decisions made concerning my continued employment, based on the results of the tests. I consent to allow any Company employee, designated physician, laboratory, hospital, or medical professional to perform appropriate chemical tests for the presence of alcohol, drugs, or other controlled substances. I give my permission to any Company employee, designated physician, laboratory, hospital, or medical professional to release the results of these tests to the Company, and I release any such designated institution or person from liability whatsoever arising out of the release of this information.

I understand that this written authorization and consent, as well as the results of the drug and alcohol detection tests will become an employment record and will be retained by the Company as required by law. I understand that the federal Health Insurance Portability and Accountability Act (HIPAA) protected health information rules do not apply to an employment record and that medical information contained in employment records may be disclosed to those who have a need to know. The Company, however, will comply with the medical privacy rules required by other laws.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## **DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT**

For employment purposes, Seibels, Bruce & Company, hereinafter referred to as “Company” may obtain consumer reports on you as an applicant or from time to time during employment. “Consumer reports” are reports from consumer reporting agencies and may include driving records, credit history, criminal records, etc. For some employment purposes, the Company may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An “investigative consumer report” is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others.

The Company must have your consent to obtain consumer reports or investigative consumer reports. If you sign the consent form given to you by the Company, the Company may obtain consumer reports and investigative consumer reports; and if you are later hired (or are already an employee), the Company may continue to obtain both types of reports so long as you are employed by the Company.

You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights. For additional statements concerning your rights under the federal Fair Credit Reporting Act, please consult the summary of consumer rights available from the Company or the Federal Trade Commission at <http://www.ftc.gov>.



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**CONSUMER REPORTS AND  
INVESTIGATIVE CONSUMER REPORTS  
AND RELEASE FROM LIABILITY**

By signing below I consent and give permission for Seibels, Bruce & Company, hereinafter referred to as "Company" to request and obtain consumer reports on me for employment purposes. I understand that such reports may include my driving record, credit history, criminal record and other information.

I also consent and give permission for the Company to request and obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An investigative consumer report is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others.

I give my express permission for the Company to obtain personal information and highly restricted personal information about me, including my photograph or computerized image, Social Security number, driver identification number, address, telephone number, and employment driving record and non-employment driving record. If requested, I agree to provide fingerprints to the Company.

I agree that if I am later hired or already an employee of the Company my permission will remain valid until I revoke it in writing and provide such written revocation to Human Resources, and that until this permission is revoked, the Company may continue to request and obtain additional consumer reports and investigative consumer reports on me at their discretion.

Further, with my signature I hereby forever release, discharge, exonerate, hold harmless and indemnify the Company its affiliates, employees, representatives, agents, subcontractors, and any person or entity providing information to them pursuant to this consent from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, mistaken identity, misuse of information obtained, and any other claim or cause of action arising out of the use, procurement, inspection, copying or preparation of consumer reports or investigative consumer reports prepared about me. If any portion of this release is later found invalid as against public policy, the remainder of this release shall be enforced to the extent permitted by law.

I understand a photocopy or facsimile of this signed form shall be considered as valid as an original.

---

Printed Name

---

Signature

---

Date



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**AUTHORIZATION TO  
OBTAIN CONSUMER REPORT OR  
INVESTIGATIVE CONSUMER REPORT**

I also acknowledge that I have received, and read, the separate form entitled "Disclosure of Intent to Obtain Consumer Reports and Investigative Consumer Reports."

**AUTHORIZATION**

Print Name	Print maiden or other names under which records may be listed

Drivers License Number and Issuing State	Other Drivers Licenses Held in the Past 5 Years

Social Security Number	Date of Birth (to be used only for proper identification)	Address

If the Company requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, check here:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date