

EDUCATION

Name and Address of School	Number of Years attended	Major Courses	GPA	Degree(s) Received
High School				
College				
Graduate Study				
Other (include military schools, certifications, exams, insurance courses, etc.)				

SKILLS/ABILITIES

	<u>Years Exp.</u>		<u>Years Exp.</u>		<u>Years Exp.</u>
Typing/Keyboarding (wpm _____)	_____	Property/Casualty Ins.	_____	Programming (COBOL)	_____
10-key Calculator (kpm _____)	_____	P/C Actuarial	_____	Programming (DB2)	_____
Transcription Equipment	_____	Claims Adjuster - Homes	_____	Programming (CICS)	_____
Microfilming Equipment	_____	Claims Adjuster - Auto	_____	Programming (TSO)	_____
Payment Processing Equipment	_____	Claims Adjuster - BI/L	_____	Programming (MVS/JCL)	_____
Personal Computer	_____	Other Investigations	_____	Programming (VSAM)	_____
Word Processing (MS Word)	_____	P/C Underwriting	_____	Programming (Vis. Basic)	_____
Word Processing (Word Perfect)	_____	Auto Repair/Body Shop	_____	Programming (JAVA)	_____
Spreadsheet Software (Excel)	_____	Home Repair/Construction	_____	Programming (SQL)	_____
Spreadsheet Software (Lotus)	_____	Computer Repair/Tech	_____	Programming (HTML)	_____
Other Software (_____)	_____	Phone Installation/Repair	_____	Programming (ASP)	_____
Other Software (_____)	_____	Human Resources	_____	Programming (C++)	_____
Customer Service	_____	Marketing	_____	Programming (COM)	_____
Phone Customer Service or Sales	_____	Accounting	_____	Programming (VB.NET)	_____
Switchboard	_____	Management/Supervisory	_____	Other Programming (_____)	_____

List any foreign language that you speak fluently _____

Other talents and skills that would be beneficial for a career at ANPAC _____

EXTRA CURRICULAR SCHOOL ACTIVITIES AND COMMUNITY AFFILIATIONS: (List all activities **EXCEPT** those that the name or the character of which indicates the race, color, religion, sex, ancestry, or national origin of its members.) _____

RECREATIONAL ACTIVITIES

Give a brief statement concerning hobbies and recreational activities in which you participate: _____

EMPLOYMENT HISTORY

Have you ever been employed by ANPAC? _____ If so, what was your position? _____

When did you leave ANPAC and what was your name at that time? _____

Do you have any relatives employed by ANPAC? If so, list name and relationship: _____

EMPLOYMENT HISTORY

Account for ALL periods of employment. A continuation form is available if needed. Please do NOT attach a resume in place of this page. Fill in ALL requested information. Include full-time, part-time, and temporary positions.

Name of Employer (most recent)		Job Title
Street		Briefly describe actual duties
City and State		
Supervisor	Telephone Number	
Date employed From _____ to _____		
Rate of pay	Reason for leaving	
Name of Employer		Job Title
Street		Briefly describe actual duties
City and State		
Supervisor	Telephone Number	
Date employed From _____ to _____		
Rate of pay	Reason for leaving	
Name of Employer		Job Title
Street		Briefly describe actual duties
City and State		
Supervisor	Telephone Number	
Date employed From _____ to _____		
Rate of pay	Reason for leaving	
Name of Employer		Job Title
Street		Briefly describe actual duties
City and State		
Supervisor	Telephone Number	
Date employed From _____ to _____		
Rate of pay	Reason for leaving	

REFERENCES

List two **Business** (work related) references other than the supervisors listed on the previous page. Also list at least two **Personal** references (not relatives) who have known you WELL during the past five years:

Name	Address	Business	Day Phone Number
Business Reference:			
Business Reference:			
Personal Reference:			
Personal Reference:			

In the space below, explain why you are considering employment with ANPAC®.

EMERGENCY INFORMATION

Give name, address, and phone number of at least two people who should be notified in case of an emergency:

PLEASE READ BEFORE SIGNING: If you have any questions regarding the statements below, please ask a Human Resources Representative before signing.

This organization does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, or disability.

It is understood this application is not an obligation to provide employment. Applications are kept active for three months, and must be renewed to be active for a longer period of time.

I hereby authorize American National Property And Casualty Company to investigate all references and former employment, and I release from liability those persons/companies supplying such information. I understand that ANPAC may request a credit report and a review of police, criminal, and/or FBI records concerning me. If an offer of employment is made, I agree to submit to testing for drug use. I will also provide proof of my right to work as required by "The Immigration Reform and Control Act of 1986."

I understand that American National Property And Casualty Company has a smoke-free and drug-free work environment.

I understand that any omission and/or falsification of information on this application disqualifies me for employment and could result in termination (upon discovery after hire). I also understand that employment with American National Property And Casualty Company is not governed by any written or oral contract and is considered an "at will" arrangement. This means that I am free, as is ANPAC, to terminate the employment relationship at any time for any reason, so long as there is no violation of applicable Federal and State law.

Date
KM-8 (01-08)

Signature of Applicant
AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY CONTINUATION FORM

Account for ALL periods of employment. A continuation form is available if needed. Please do NOT attach a resume in place of this page. Fill in ALL requested information. Include full-time, part-time, and temporary positions.

Name of Employer		Job Title
Street		Briefly describe actual duties
City and State		
Supervisor	Telephone Number	
Date employed From _____ to _____		
Rate of pay	Reason for leaving	
Name of Employer		Job Title
Street		Briefly describe actual duties
City and State		
Supervisor	Telephone Number	
Date employed From _____ to _____		
Rate of pay	Reason for leaving	
Name of Employer		Job Title
Street		Briefly describe actual duties
City and State		
Supervisor	Telephone Number	
Date employed From _____ to _____		
Rate of pay	Reason for leaving	
Name of Employer		Job Title
Street		Briefly describe actual duties
City and State		
Supervisor	Telephone Number	
Date employed From _____ to _____		
Rate of pay	Reason for leaving	

**Disclosure To Consumer And Consumer's Authorization For
Procurement Of Consumer Report**

As required by the 1997 Fair Credit Reporting Act ("FCRA"), Section 604 (b)(2), American National Property and Casualty Company advises you that it intends to utilize the services of a Consumer Reporting Agency to Report on you for Employment Purposes (i.e., for the purpose of evaluating a person for employment, promotion, reassignment or retention of an employee). In order to ensure full compliance with the FCRA and to facilitate easy access to all information necessary, please read and sign this form.

1. _____ (Applicant's or Employee's Name), authorizes all person's and entities (including but not limited to business, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, the NASD, and all military services) to release all written and verbal information about me to the Consumer Reporting Agency designated by American National Property And Casualty Company. I understand that institutions, landlords, and public agencies and through personal interviews with my neighbors, friends, and associates, acquaintances, or other persons who may have knowledge about me. I hereby release and agree to hold each such person or entity harmless from all liability and responsibility for furnishing information to the Consumer Reporting Agency.
2. I fully understand and authorize the procurement of an investigative Consumer Report and I understand that in all likelihood the investigation may include the obtaining of information covering up to the last seven (7) years regarding my background, character, education, general reputation, personal characteristics, mode of living, records of arrest, indictment or conviction of crime, if any, lawsuits, judgments, tax liens, and any other adverse item of information.
3. I understand that upon written request, I will be given a list of the areas that will be investigated and included in the Consumer Investigative Report.
4. I also understand that, before an adverse decision based on information obtained in the Consumer Report is made concerning my employment, promotion, reassignment, or retention, I will be provided a copy of the Consumer Report and a description, in writing, of my rights under FCRA. I understand that if I disagree with the accuracy of any information contained in the Consumer Report, I must notify American National Property And Casualty Company within two (2) days of my receipt of the report. If I notify American National Property And Casualty Company within two (2) days of the receipt of the report that I am challenging information in the report, American National Property And Casualty Company will not use the Consumer Report to make a final decision regarding my employment status until after I have had an opportunity to address the challenged information.
5. I hereby consent to the proposed investigation and authorize American National Property And Casualty Company to procure a Consumer Report on my background from a Consumer Reporting Agency. This document, in original or copy form, is valid now or at any time in the future. I understand and consent to all of the provisions contained in this disclosure form and I have been provided a copy of this document.

Signature of Applicant or Employee

Date

Print Name

Social Security Number

APPLICANT DATA FLOW SHEET

Federal and state laws prohibit discrimination in employment because of race, sex, age, color, religion, national origin, physical or mental handicap, or disability. This information is necessary for compliance with state and federal record keeping requirements and is used only for statistical purposes.

Completion of this form is voluntary.

Application Date: _____/_____/_____

Last Name

First Initial

Middle Initial

Zip Code: _____ SSN: _____ Date of Birth: _____/_____/_____

<p>Marital Status</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>Sex</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p>Race or Ethnic Identity</p> <p><input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)</p> <p><input type="checkbox"/> Asian (Not Hispanic or Latino)</p> <p><input type="checkbox"/> Black or African American (Not Hispanic or Latino)</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</p> <p><input type="checkbox"/> White (Not Hispanic or Latino)</p> <p><input type="checkbox"/> Two or More Races (Not Hispanic or Latino)</p> <p><input type="checkbox"/> I do not wish to Self-Identify.</p>	<p>Disabled</p> <p><input type="checkbox"/> Yes (Specify) _____</p> <p><input type="checkbox"/> No</p>

<p>Referral Source</p> <p><input type="checkbox"/> Employment Agency</p> <p><input type="checkbox"/> Career Fair</p> <p><input type="checkbox"/> Former Employee</p> <p><input type="checkbox"/> Walk In</p> <p><input type="checkbox"/> Advertising (Specify) _____</p> <p><input type="checkbox"/> Website (Specify) _____</p> <p><input type="checkbox"/> Employee Referral (Specify) _____</p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>I am seeking</p> <p><input type="checkbox"/> Full Time Employment</p> <p><input type="checkbox"/> Part Time Employment</p>
<p>I am applying for a job as:</p> <p><input type="checkbox"/> File Clerk</p> <p><input type="checkbox"/> Customer Service Representative</p> <p><input type="checkbox"/> Programmer</p> <p><input type="checkbox"/> Typist</p> <p><input type="checkbox"/> Claims Adjuster</p>	<p><input type="checkbox"/> Help Desk</p> <p><input type="checkbox"/> General Clerical</p> <p><input type="checkbox"/> Underwriter</p> <p><input type="checkbox"/> Management</p> <p><input type="checkbox"/> Other _____</p>