Each inquiry on this application must be fully answered and completed. Resumes are not accepted in lieu of completion of this application. Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you answer all questions.

Last Name First Name Middle Initial Social Security Number

Present Street Address City/State/Zip Telephone Number

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?

❑ Yes ❑ No

Have you ever been convicted of a felony?

❑ Yes ❑ No

If you answered "Yes", please provide dates and explain. (Attach separate paper if necessary.) A conviction does not automatically mean you will not be hired. The basis for your conviction and how long ago are important. Give all of the facts so that an informed decision can be made.

Are you 18 years of age or over?

❑ Yes ❑ No

Date available for employment:_____

Position applying for:_____

Date applied:_____

Is there anything that would prevent you from performing in a reasonable and safe manner, the activities involved in the position for which you have applied?

❑ Yes ❑ No

If "Yes", please explain:_____

EDUCATIONAL DATA

School	Print Name, Number & Street, City, State & Zip Code for Each School	No. of Yrs. Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night or Correspondence				

Special Skills: List any job-related skills or qualifications that support your application.

Honors received:_____

In order to permit a check of your work and education records, should we be aware of any change of name or assumed name that you previously used?

❑ Yes ❑ No If "Yes", describe:_____

EMPLOYMENT EXPERIENCE

LIST ALL FORMER JOBS (most recent job first). Account for all time periods including unemployment, self-employment and military service. (Attach separate sheet(s), if necessary.)

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone No.
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone No.
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone No.
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone No.
	Starting	Final	
Work Performed			
Reason for Leaving			

EMPLOYMENT HISTORY

Please list reasons for any lapse of employment**:**_____

_____

_____

Have you ever been dismissed or forced to resign from employment?

❑ Yes ❑ No If "Yes", please explain:_____

_____

_____

May we contact your present employer? ❑ Yes ❑ No

Previous employers? ❑ Yes ❑ No

Please identify any exceptions and reasons for not contacting present or prior employers:_____

_____

_____

Do you have a valid Driver's License? ❑ Yes ❑ No

State Issued:_____ License Number:_____

Do you have a reliable means of transportation? ❑ Yes ❑ No

Will you work overtime if asked? ❑ Yes ❑ No

Would you work nights? ❑ Yes ❑ No

Would you work weekends? ❑ Yes ❑ No

Are there any hours or days you will not work? ❑ Yes ❑ No

If "Yes", please explain:_____

_____

Do you have any friends or relatives who work here? ❑ Yes ❑ No

Name:_____ Relationship:_____

Name:_____ Relationship:_____

Have you filed an application here before? ❑ Yes ❑ No If "Yes", provide date:_____

Have you ever been employed here before? ❑ Yes ❑ No If "Yes", provide dates:_____

REFERENCES

List three persons (not relatives or former employers) whom you have known at least one year:

Name	Address & Telephone	Occupation

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS

For employment purposes, the 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, criminal records, etc.

For such 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 interview with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

AUTHORIZATION

I authorize the Company to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.

Signature:_____ Date:_____

Print Name:_____ SSN:_____

Driver's License Number:_____ State:_____

Other Driver's Licenses Held in the Past 5 Years:_____

Print Maiden or Other Names Under Which Records May Be Listed:_____

_____

Date of Birth (to be used only for proper identification):_____

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: ❑

232 S. Capitol Avenue
P.O. Box 40790
Lansing, MI 48901-7990
517-342-4200
www.accidentfund.com

Accident Fund
INSURANCE COMPANY OF AMERICA

South Carolina Post-Offer-of-Employment Medical Inquiry

To the best of your knowledge, do you have or have you ever had any of the following conditions:

Yes	No		Yes	No	
1	[ ]	[ ] Epilepsy	26	[ ]	[ ] Diabetes
2	[ ]	[ ] Cardiac disease	27	[ ]	[[Arthritis
3	[ ]	[ ] Amputated foot, leg, arm or hand	28	[ ]	[ ] Cerebral palsy
4	[ ]	[ ] Residual disability from poliomyelitis	29	[ ]	[ ] Multiple sclerosis
5	[ ]	[ ] Parkinson's disease	30	[ ]	[ ] Cerebral vascular accident
6	[ ]	[ ] Tuberculosis	31	[ ]	[ ] Silicosis
7	[ ]	[ ] Hemophilia	32	[ ]	[ ] Chronic osteomyelitis
8	[ ]	[ ] Ankylosis of joints	33	[ ]	[ ] Hyperinsulism
9	[ ]	[ ] Muscular dystrophy	34	[ ]	[ ] Arteriosclerosis
10	[ ]	[ ] Thrombophlebitis	35	[ ]	[ ] Varicose veins
11	[ ]	[ ] Heavy-metal poisoning	36	[ ]	[ ] Ionizing radiation injury
12	[ ]	[ ] Ruptured disc	37	[ ]	[ ] Hodgkin's disease
13	[ ]	[ ] Brain damage	38	[ ]	[ ] Deafness
14	[ ]	[ ] Cancer	39	[ ]	[ ] Sickle-cell anemia
15	[ ]	[ ] Pulmonary disease	40	[ ]	[ ] Mental retardation
16	[ ]	[ ] Degenerative disc disease	41	[ ]	[ ] Spondylosis
17	[ ]	[ ] Chondromalacia	42	[ ]	[ ] Spondylolisthesis
18	[ ]	[ ] Hepatitis	43	[ ]	[ ] HIV
19	[ ]	[ ] Allergies	44	[ ]	[ ] Drug sensitivity
20	[ ]	[ ] Surgery to any part of your body	45	[ ]	[ ] Medically-restricted activities
21	[ ]	[ ] Assessed percent permanent disability	46	[ ]	[ ] Injury that caused you to miss work
22	[ ]	[ ] Residual disability from polio	47	[ ]	[ ] Psychoneurotic disability which involved treatment in a recognized medical or mental institution
23	[ ]	[ ] Treatment for back, neck, knees or other extremities	48	[ ]	[ ] Any injury or condition that impairs or limits work
24	[ ]	[ ] Loss of sight of one or both eyes or partial loss of uncorrected vision of more than 75% bilateral			
25	[ ]	[ ] Compressed air sequelae -- have you ever had the bends? Problems caused by flying at high altitudes or from exposure to high atmospheric pressure, like scuba diving?	49	[ ]	[ ] Have you ever suffered from any other pre-existing disease, condition, or impairment which is permanent in nature?

For "Yes" responses, indicate nature of injury or illness, body part affected, restrictions, and treating physician.

_____
_____
_____
_____

ACKNOWLEDGMENT AND RECORDS RELEASE

I understand this questionnaire is for the purposes of enabling my employer to fulfill the requirements of the South Carolina Second Injury Fund S.C. Code Ann. Section 42-9-400, and it is in no way connected to the Company's decision to hire me. The information provided is not to be used by the Company as a basis of denying me placement within the Company or promotion, or to discriminate against me in any way. The information provided is true to the best of my information and belief. In the event of a future work-related accident, my employer is authorized to request and review medical records pertaining to any of the conditions described herein, as well as any records maintained by any government agency, past employer, or treatment facility with respect to any personal injuries I have received.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____