



SOUTHERN BENEFIT ADMINISTRATORS, INCORPORATED
EMPLOYMENT APPLICATION

Since 1981

Dear Applicant,

Thank you for your interest in joining Southern Benefit Administrators. We are excited to learn more about you and your qualifications. To ensure a smooth application process, please follow the instructions below:

1. **Download the form:** The form must be downloaded to your local device prior to signing and submitting
2. **Application Form:** Complete the online application form. Ensure all fields are filled out accurately and completely.
3. **Sign the Form:** You may need to create a personal electronic signature. Click the signature field for options.
4. **Submit the Form:** Click the “Submit this Application Button” on the last page.
5. **Resume/CV:** Send your most recent resume or CV in PDF format. Highlight your relevant experience, skills, and achievements.
6. **Cover Letter:** Provide a cover letter that outlines your interest in the position, your qualifications, and why you believe you would be a great fit for our team. This should be in PDF format as well.
7. **Additional Documents:** If applicable, send any additional documents that support your application, such as certifications, portfolios, or letters of recommendation.

We appreciate your time and effort in applying to Southern Benefit Administrators. We look forward to reviewing your application and potentially welcoming you to our team.



SOUTHERN BENEFIT ADMINISTRATORS, INCORPORATED EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME (LAST NAME FIRST)					
ADDRESS		APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE		EMAIL		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER WORKED FOR THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT LOCATION?	WHEN?
REASON FOR LEAVING THIS COMPANY		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER/ONLINE ADVERTISING <input type="checkbox"/> FRIEND/FAMILY <input type="checkbox"/> WALK-IN <input type="checkbox"/> STATE EMPLOYMENT AGENCY <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> OTHER		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR ONLINE SCHOOL				
SPECIAL TRAINING				
SPECIAL SKILLS				

LIST BELOW LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT ONE FIRST

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
SALARY \$ _____ PER WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/>		MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
SALARY \$ _____ PER WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/>		MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
SALARY \$ _____ PER WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/>		MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

BELOW GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
NAME: PHONE:			
NAME: PHONE:			
NAME: PHONE:			

SERVICE RECORD

BRANCH OF SERVICE:
DISCHARGE DATE:
RANK:

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION):

DRUG-FREE WORKPLACE POLICY

By signing below, I acknowledge that I have read and understand Southern Benefit Administrators' Drug-Free Workplace Policy attached within and that I hereby consent to the requirements outlined in such Policy. I further acknowledge that employment with Southern Benefit Administrators is contingent upon my compliance with such Policy.

BACKGROUND CHECK POLICY

By signing below, I acknowledge that I have read and understand Southern Benefit Administrators' Background Check Policy attached within and that I hereby consent to the requirements outlined in such Policy. I further acknowledge that employment with Southern Benefit Administrators is contingent upon my compliance with such Policy.

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SOUTHERN BENEFIT ADMINISTRATORS, INCORPORATED

DRUG-FREE WORKPLACE POLICY

PURPOSE OF THE POLICY

Southern Benefit values its employees and recognizes their need for a safe and healthy work environment. Furthermore, employees abusing drugs and alcohol are less productive and are often a risk to the safety and productivity of the company. The establishment of a Drug-Free Workplace Policy is consistent with Southern Benefit's desire to promote a safe and accident-free workplace.

DRUG AND ALCOHOL POSSESSION AND USE PROHIBITED

1. Southern Benefit prohibits the use, possession, sale, manufacture, and/or distribution of illegal/controlled substances and/or drug-related paraphernalia on company premises or while performing job-related duties for Southern Benefit while away from company premises and/or during working hours.
2. Further, Southern Benefit prohibits the use of, or being under the influence of, alcohol while on company premises or while otherwise performing job-related duties for Southern Benefit. This prohibition does not apply to the legal, moderate use of alcohol with meals consumed away from company premises or while entertaining clients or other business associates or during company-sponsored events where alcohol is being served.
3. For purposes of this policy, the term "company premises" or "company property" includes all property owned, leased, used or under the control of Southern Benefit including but not limited to offices, facilities, parking areas, land, buildings, structures, all work locations, vehicles, and equipment.
4. The substances prohibited by this policy include such items as: any illegal or unlawfully obtained drugs or controlled substances; "designer" or synthetic drugs; "over the counter" or prescribed medications not being used for the purposes or in the manner intended; mood or mind-altering substances; and alcoholic or intoxicating beverages.
5. Compliance with this policy will be required as a condition of employment for qualified applicants or for continued employment of current employees. The presence of a detectable amount of any prohibited substance in an employee while working and/or during working hours may be deemed a violation of this policy, regardless of when or where the substance entered the employee's system.

PRE-EMPLOYMENT SCREENING

1. Offers of employment with Southern Benefit may be conditioned on proper cooperation with and participation in a drug and controlled substance screening test. Following a conditional employment offer, applicants will be asked to sign a form consenting to a screening test as part of the application process. Failure to sign the consent form will be considered a withdrawal of the application.
2. Applicants who test positive without a legitimate medical reason will be denied employment. In appropriate circumstances, Southern Benefit may, in its sole discretion, authorize a retest.

TESTING OF EMPLOYEES

1. Southern Benefit may request current employees to submit to a drug/controlled substance test in certain circumstances, including:
 - a) When an employee's conduct, actions or behavior reasonably leads management to suspect that the employee may be using or under the influence of drugs or alcohol on company premises or while performing duties for Southern Benefit while away from company premises and/or during working hours;

- b) When an employee has a prohibited substance in his or her possession (actual or constructive) while on company premises or while performing work duties for Southern Benefit; and
 - c) When an employee has experienced an on-the-Job injury or accident or is involved in an incident which Southern Benefit believes may have resulted from impairment due to drug or alcohol use.
 - d) Additionally, Southern Benefit may, in its sole discretion and at any time, require an employee to undergo tests to determine the presence and/or amount of alcohol and/or drugs in his/her system on a random basis or as otherwise determined by Southern Benefit.
2. An employee who has tested "positive" on a test pursuant to this policy and who is not terminated, may be retested by Southern Benefit at periodic intervals, as determined by Southern Benefit, for up to twelve (12) months after the positive test result, even without new evidence of "reasonable belief of drug or alcohol abuse. If an employee tests "positive" on any retest or refuses to promptly submit to a test in a fully cooperative manner, including signing any required forms, the employee may be subject to immediate termination.
 3. An employee's refusal to submit to a requested test may be considered an act of insubordination justifying discipline, up to and including immediate termination.

USE OF LEGAL AND PRESCRIPTION DRUGS AUTHORIZED BY A PHYSICIAN

Certain legal and prescription drugs can produce changes in persons that might indicate intoxication or illegal drug use and could result in a "positive" result on a substance abuse screening test. Employees may continue to work for Southern Benefit while taking prescription drugs at the direction of a doctor for the treatment of an illness or non-prescription drugs used for the purposes and in the manner intended, provided the medication does not adversely affect the employee's ability to perform his or her work in a safe and efficient manner. Each employee is responsible for being aware of and following all cautions associated with the use of prescription or non-prescription drugs. If any prescription or non-prescription drugs being taken by an employee could have side effects which could affect the employee's job performance, the employee must advise his or her supervisor of the drug being taken and the potential side effects. Southern Benefit has the right to determine whether an employee who is receiving legal medication should be allowed to continue working during his or her treatment due to possible safety and/or performance problems that could arise from certain legal drug use.

CONVICTION OR PROBATION UNDER A CRIMINAL DRUG LAW

Employees must notify the company within five days of any conviction or entry of a guilty plea, resulting in incarceration or probation under any criminal drug statute, law, regulation, or ordinance. Failure to report a conviction or guilty plea will result in termination of employment.

TESTING PROCEDURES

1. When feasible, the employee asked to submit to testing will be informed of the reasons, cause or action leading to the request, if applicable.
2. Employees will complete a consent for testing form. The refusal to do so will be considered a violation of this policy, and the employee may be subject to disciplinary action up to and including termination.
3. Testing will be conducted by an appropriate testing facility designated by Southern Benefit. Applicants and employees must cooperate fully with reasonable procedures and requirements of the testing facility.
4. Each employee and applicant who is to be tested will be asked by Southern Benefit's designated testing facility to list all legal and prescription drugs used during the past thirty days and will have an opportunity to explain the use of each such drug. Applicants or employees who do not report the use of any such drugs

and who subsequently test "positive" on any required screening or other test will not be hired if not yet employed, or if hired, may be subject to immediate discharge.

5. With regard to employees, positive test results will be given a second verification test by Southern Benefit's designated testing facility. Employees who test positive on the second verification test will be subject to discipline up to and including immediate termination for violation of this policy. Applicants who test positive on the initial test will not be employed.
6. Test results will be returned to Southern Benefit for review with the applicant or employee. Test results will be maintained in a confidential manner in a separate file not part of the employee's personnel file. Test results of applicants will be maintained in a separate file, not part of the application.
7. Southern Benefit will endeavor to keep the results of any drug, substance abuse or other such test confidential. Test results and voluntary reports of drug and alcohol problems will not be revealed by Southern Benefit to any person except those persons whom Southern Benefit believes have a need to know because of such reasons as supervision of the employee involved, personnel administration or as otherwise deemed necessary or proper by Southern Benefit or as required by law.

PENALTIES FOR VIOLATING POLICY

Failure to comply with the provisions of this policy will be grounds for disciplinary action up to and including immediate discharge.

OFF-THE JOB ILLEGAL DRUG USE, POSSESSION, SALE OR OTHER SUCH ACTIVITY

Off-the-job illegal drug use, possession, sale or other such activity could adversely affect an employee's job performance, jeopardize the safety of other employees, and jeopardize company equipment, property and reputation, as well as endanger the general public.

Accordingly, such off-the-job conduct or activity may be deemed a violation of this policy and could result in disciplinary action against the employee by Southern Benefit, up to and including discharge. In deciding the appropriate disciplinary action to take in regard to such off-the-job drug use, possession, sale or other such activity, management will take into consideration the nature of the activity charged, the employee's total record with Southern Benefit, and other factors deemed relevant by Southern Benefit for the protection of Southern Benefit's business and total operation.

WORKPLACE SEARCHES AND INSPECTIONS

To help ensure a safe and healthy work environment and to accomplish the objectives of this policy, Southern Benefit reserves the right to condition entry upon company premises, including any parking areas and all grounds and work areas to which Southern Benefit employees are assigned, upon Southern Benefit's right to search the person and personal property of any entrant before entry or at any time while on the premises or in work areas, for illegal and unauthorized drugs, drug paraphernalia, controlled substances, alcoholic beverages and unauthorized weapons. Refusal to permit a search may subject an employee to immediate discipline up to and including discharge. Searches and inspections will be performed with concern for the individual's privacy, dignity, and confidentiality. Illegal substances, drugs and other prohibited items discovered through these searches and inspections may result in law enforcement authorities being advised in this regard consistent with the law.

SOUTHERN BENEFIT ADMINISTRATORS, INCORPORATED

ACKNOWLEDGEMENT AND CONSENT TO DRUG TESTING POLICY

I hereby acknowledge receipt of Southern Benefit Administrators' Drug-Free Workplace Policy regarding drugs and alcohol as found in the Employee Handbook. I have read and understand this policy. I understand that refusal to submit to any drug testing required by this policy or a positive test result is grounds for disciplinary action up to and including termination. Furthermore, I authorize the release of the test results to Southern Benefit and/or on post-accident tests, the company's workers' compensation insurance carrier, and understand that refusal to release these results is grounds for disciplinary action up to and including termination.

I recognize that the company's policy on drugs and alcohol does not constitute an expressed or implied contract of employment.

I have read and understand this policy and will abide by it as a condition of my employment.

SOUTHERN BENEFIT ADMINISTRATORS, INCORPORATED

DRUG TEST CONSENT AGREEMENT

I voluntarily consent to testing by a doctor, medical center, hospital, laboratory, or medically qualified personnel.

Furthermore, I release Southern Benefit from any liability incurred from this testing requirement.

SOUTHERN BENEFIT ADMINISTRATORS, INCORPORATED

BACKGROUND CHECK POLICY

PURPOSE OF THE POLICY

Background checks are conducted to support workplace productivity, safety and security by ensuring employees' and applicants' backgrounds are suitable for employment with Southern Benefit.

PRE-EMPLOYMENT SCREENING

All applicants for employment with Southern Benefit will be asked to sign a release form authorizing the appropriate background checks. Any applicant who refuses to sign a release form is no longer considered eligible for employment. Applicants also are expected to provide references from their former employers as well as educational reference information that can be used to verify academic accomplishments and records. The background check may include verification of information provided on the completed application for employment, the applicant's resume or on other forms used in the hiring process. Information to be verified includes but is not limited to, social security number and previous addresses. Southern Benefit may also conduct a reference check and verification of the applicant's education and employment background as stated on the employment application or other documents listed above.

The background check may also include a criminal record check. If a conviction is discovered, a determination will be made as to whether the conviction is related to the position for which the individual is applying or would present safety or security risks before an employment decision is made.

Additional checks such as a driving record or credit report may be made on an applicant for particular job categories if appropriate and job related.

Any applicant who provides misleading, erroneous or willfully deceptive information to Southern Benefit on an employment form or resume or in a selection interview is immediately eliminated from further consideration for employment with Southern Benefit.

POST-EMPLOYMENT BACKGROUND CHECKS

All employees of Southern Benefit will be asked to sign a release form authorizing a background check. Any employee who refuses to sign a form may be terminated from employment. The background check may include verification of information provided on the employee's application for employment, the employee's resume or on other forms used in the hiring process. Information to be verified includes but is not limited to, social security number and previous addresses. Southern Benefit may also conduct a reference check and verification of the employee's education and employment background as stated on the employment application or other documents listed above.

The background check may also include a criminal record check on an initial or ongoing basis. If a conviction is discovered, a determination will be made as to whether the conviction is related to the employee's position or would present safety or security risks upon continued employment.

Additional checks such as driving record or credit report may be made on an employee for particular job categories if appropriate and job related.

Any employee who provides misleading, erroneous or willfully deceptive information to Southern Benefit on an employment form or resume or in a selection interview or an ongoing evaluation may be subject to immediate termination of employment.

SOUTHERN BENEFIT ADMINISTRATORS, INCORPORATED

BACKGROUND CHECK CONSENT AGREEMENT

I hereby acknowledge receipt of Southern Benefit Administrators' Background Check Policy. I have read and understand this policy. I understand that refusal to submit to a background check as required by this policy is grounds for disciplinary action up to and including refusal or termination of employment.

I recognize that the consumer reporting agency ("CRA") ADP Screening and Selection Services, Inc. ("ADP SASS") will prepare the consumer report for the Company.

I hereby authorize Southern Benefit to conduct such background check with ADP screening and further authorize any employer, agency, business, police authority or any other private or governmental entity to release to Southern Benefit any information or records as may be required by Southern Benefit in accordance with the said policy.

I recognize that Southern Benefit's policy on background checks does not constitute an expressed or implied contract of employment.

I have read and understand the policy and will abide by it as a condition of my employment.

FULL NAME (First, Middle, Last): _____

DATE: _____

SIGNATURE: _____