



MARKEL CORPORATION

4551 Cox Road, Glen Allen, VA 23060-3382 • (804) 747-0136 • 1-800-446-6671 • 1-800-552-3406 in VA
Fax (804) 527-3845

EMPLOYMENT APPLICATION

NOTICE TO APPLICANTS

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or any disability not related to the job for which applied.

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact known to the individual processing your application.

Please read and complete the entire application form (4 pages).

PERSONAL DATA

Name: _____ Date: _____
Last First Middle

Social Security No.: _____

Present Address: _____
Street City State Zip

Former Address: _____
Street City State Zip

Home Telephone Number: _____

Are you over the age of 16? Yes No

If No, employment is subject to verification that you are of minimum legal age.

Are you prevented from lawful employment in this country because of Visa or Immigration Status? _____

Proof of citizenship or immigration status will be required upon employment.

Position applied for: _____ Expected Rate of Pay _____

Referral source: ___ Relative (name: _____) ___ Friend (name: _____)
___ Newspaper ___ Walk-in ___ Employment Agency ___ Other: _____

Have you ever been employed by MARKEL or one of its subsidiaries? ___ If yes, when? _____

Are you employed now? ___ May we contact your present employer? _____

On what date will you be available to work? _____

Are you available to work: ___ Full-time ___ Part-time ___ Shift Work ___ Temporary

Have you been convicted of a crime other than a minor traffic offense in the last 7 years? ___

If yes, please explain. _____
Conviction will not necessarily disqualify applicant from employment.

Have you ever been bonded? ___ If yes, when and where? _____

PROFESSIONAL REFERENCES

Provide the names and telephone numbers for three professional references.

Name	Company Name	Telephone	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Type of School:	School Name:	Years Completed:	Type of Diploma or Degree:
High School	_____	9 10 11 12	_____
College or University	_____	1 2 3 4	_____
Graduate or Professional	_____	1 2 3 4	_____

Summarize special skills, qualifications, honors and extra-curricular activities which could be relevant to your ability to perform the job applied for:

List any licenses held, certificates earned and/or any trade or professional organizations in which you are an active member:

EMPLOYMENT EXPERIENCE

Start with your last job. Include any military service assignments and volunteer activities. *You may exclude names of organizations which suggest race, color, religion, sex, or national origin.*

Employer: _____ Telephone: _____

Address: _____

Employed From _____ To _____ Supervisor: _____

Salary -- Start: _____ Final: _____

Reason For Leaving: _____

Title: _____ Nature of Business : _____

Duties Performed: _____

Employer: _____ Telephone: _____

Address: _____

Employed From _____ To _____ Supervisor: _____

Salary -- Start: _____ Final: _____

Reason For Leaving: _____

Title: _____ Nature of Business : _____

Duties Performed: _____

Employer: _____ Telephone: _____

Address: _____

Employed From _____ To _____ Supervisor: _____

Salary -- Start: _____ Final: _____

Reason For Leaving: _____

Title: _____ Nature of Business : _____

Duties Performed: _____

Employer: _____ Telephone: _____

Address: _____

Employed From _____ To _____ Supervisor: _____

Salary -- Start: _____ Final: _____

Reason For Leaving: _____

Title: _____ Nature of Business : _____

Duties Performed: _____

JOB APPLICANT'S AGREEMENT, CERTIFICATION AND FAIR CREDIT REPORTING ACT DISCLOSURE - READ CAREFULLY

In the event of my employment by MARKEL or one of its subsidiaries, I agree to abide by all present and subsequently issued rules of the Company, and I agree at the time of my hire to complete Form I-9 of the Immigration and Naturalization Services Act as to my identity and employment status.

I certify that the answers given by me to the foregoing questions and statements on this application and on the said Form I-9 are true and correct, and I understand that any misleading or incorrect statements may be cause for denial or termination of my employment for cause and that the Company shall not be liable in any respect if my employment is so denied or terminated because of false, misleading, or incorrect statements, answers, or omissions made by me. I understand that the application for employment does not constitute an offer for employment and it shall not be construed at any time as creating an employment contract either expressed or implied. I further understand and agree that if offered a position, my employment is at-will, for an indefinite period, and may be terminated at any time for any reason by either me or MARKEL. I understand that MARKEL has the right to modify, amend or terminate policies, practices, benefit plans and other programs within the limits and requirements imposed by law.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that if information contained within that report should result in rejection of my application, MARKEL will inform me of that fact. I understand that I may submit a written request for the name and address of the reporting agency.

Finally, I understand that this application is for the specific job applied for and I would have to reapply for any future opportunities which could become available.

Signature of Applicant

Date

HUMAN RESOURCES DEPARTMENT TO COMPLETE THIS SECTION

Date of Employment _____ Department _____
Job Title _____ Full-time ___ Part-time ___ Temp ___
Exempt ___ Non-Exempt ___ Salary _____
Supervisor _____



DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of our hiring background check and investigation, we may ask Robert Arden & Associates, a consumer reporting agency, to prepare a consumer investigative report. The consumer investigative report may consist of contacting all listed and non-listed prior employers to verify your employment history and job performance. It may include credit information, a check of applicable criminal police or court records. Some of this information will be obtained by interviewing former employers. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such a report from Robert Arden & Associates we must have your written permission for Arden to obtain the information and to provide it to us as part of our analysis of your application for employment with Markel Corporation.

Below you will find an authorization and release for Arden to prepare and for Markel Corporation to receive a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

If you have been convicted of a crime under the Violent Crime Control & Law Enforcement Act of 1994, a **possibility** exists that you will not be eligible for employment with our company.

AUTHORIZATION AND RELEASE TO OBTAIN EMPLOYMENT INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans With Disability Act and all applicable federal, state, and local laws, I hereby authorize and permit Markel Corporation to obtain from Robert Arden & Associates an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving (if applicable) and criminal;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that the above items which constitute an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as Markel Corporation and Robert Arden & Associates from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act I may request a copy of the consumer investigative report from Robert Arden & Associates, Inc., the consumer reporting agency that compiled the report, after I have provided Robert Arden & Associates with proper identification.

I hereby authorize Robert Arden & Associates to obtain and prepare an investigative consumer report as set forth above and to provide that report to Markel Corporation as part of its investigation of my employment application.

Full Name _____
(please print clearly)

Signature Date

Witness Date

Maiden Name