

***Important Notice***  
**Please Read and Sign**

I authorize ***Financial Professionals*** to verify the accuracy of the information contained on this application and to make inquires regarding my employment, education, criminal, and/or credit history deemed necessary. I understand that the Social Security number I have provided is subject to verification.

In the event of my employment I will furnish proof of my eligibility to work in the United States within three days of starting work. I may also be asked to furnish proof of highest education attainment.

Nothing in this application or in any handbook, policy, procedure or work rule of ***Financial Professionals*** shall constitute a contract of employment, expressed or implied. The employment relationship is at-will and may be terminated by the employee or ***Financial Professionals*** at any time with or without cause.

I authorize persons, schools, and employers named in this application to provide Financial Professionals with any relevant information that may be required to arrive at any employment decision.

I understand that ***Financial Professionals*** is unable to employ any individual who is not bondable. I understand I am not bondable if ***Financial Professionals*** learns of any dishonest or fraudulent act(s) committed by myself at any time, whether in ***Financial Professionals*** employment or otherwise.

I authorize ***Financial Professionals*** to conduct through its designated laboratory testing facility, a drug-screening test that will require me to provide a Urine Sample. I acknowledge that this test is a condition to consider for my employment application. I give my consent to the release of the testing results from the testing laboratory to ***Financial Professionals*** or any client company with whom ***Financial Professionals*** is attempting to place me in a full time, temporary or temporary to hire position. I understand that the screening test is performed to determine the presence of certain drugs. I further understand that if I refuse to consent to the testing, or if I consent and the confirmed test is positive, ***Financial Professionals*** will no longer consider my application, or if I am currently employed will be grounds for my termination. I expressly release ***Financial Professionals***, its directors, officers, agents, employees and client companies from liability arising from any conduct, other than negligence, related to the drug test to which I have consented.

I certify that all statements I have made in this application are true and agree that any misrepresentation or omissions of facts called for may be sufficient cause for cancellation of my application for employment or immediate dismissal from ***Financial Professionals*** service if I have been employed. ***Financial Professionals*** at its own expense arranges for a surety bond for each of its employees. If an employee cannot be bonded, employment will be refused.

**Application For Employment**  
**An Equal Opportunity Employer**

**Important:** This application will be given every consideration but its receipt does not imply that the applicant will be employed.

**Please print clearly** Social Security No. \_\_\_\_\_

Date \_\_\_\_\_

**How did you hear about Financial Professionals?**

\_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Please list any other names under which you have worked**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
**Home Phone ( )** \_\_\_\_\_ **Pager/Cell ( )** \_\_\_\_\_

**Emergency Phone/Notify( )** \_\_\_\_\_

**Email** \_\_\_\_\_

**Have you applied with Financial Professionals before? [ ] No [ ] Yes**  
**When?** \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please list below all activities or conduct on your part (other than minor traffic Violations) to which you entered a plea of guilty, no contest, nolo contendere or any plea other than not guilty. Also include any activity or conduct that resulted in your being found guilty, placed on probation or given deferred adjudication. Give the date you were placed on probation, location, and name of the Court and the nature of each activity or conduct. NOTE: The activities or conduct listed below will not constitute an automatic bar to employment, but may do so depending on the nature of the activity or conduct.

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Are you currently employed? \_\_\_\_\_ Does employer know you are leaving? \_\_\_\_\_

Are you interested in:  Full Time  Temporary  Both

Position (s) of interest

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When available for employment

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Hours/days available for work

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Salary required hourly \_\_\_\_\_

Annually \_\_\_\_\_