## INTERNAL LOGO American Financial Solutions_Blue_Main_Logo

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Employment Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | |  | | | | | | | | | | | |  | Date: | | | |  | | |
| Last | | | | | | | | | | | | | First | | | | | | | | | | | | M.I. | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | State | | | ZIP Code | | | | |
| Phone: | (     ) | | | | | | | | | | | | | | E-mail Address: | | | | | | |  | | | | | | | | | | |
| Date Available: | | |  | | | | | | Desired Salary: | | | | | | $ | | | | | | | Position Applied for: | | | | |  | | | | | |
| Referral Source: | | | | | Indeed  LinkedIn  Glassdoor If other please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | YES | | | NO | |  | | | | | | | | | | | | |  |  |
| If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | YES | | | NO | |  | | | | | | | | | | | | | | |
| Are any of your records under a different name? | | | | | | | | | | | | | YES | | | NO | | If yes, what name/s? | | | | | | | | | | | | | | |
| Have you ever applied with us? | | | | | | | | | | | | | YES | | | NO | | If yes, when: | | | | | | | | | | | | | | |
| Have you ever worked with us? | | | | | | | | | | | | | YES | | | NO | | If yes, when: | | | | | | | | | | | | | | |
| Do you have any relatives working with us? | | | | | | | | | | | | | YES | | | NO | | If yes, who? | | | | | | | | | | | | | | |
| Are you at least 18? | | | | | | | | | | | | | YES | | | NO | |  | | | | | | | | | | | | | | |
| Are you on layoff status or subject to recall elsewhere? | | | | | | | | | | | | | YES | | | NO | |  | | | | | | | | | | | | | | |
| If hired, how long do you plan to continue working for the company? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you wish to work:  Full-time  Part-time  Temporary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you willing and available to work:  Days  Evenings  Weekends  Holidays  On Call  Overtime | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there any reason you might be unable to meet our attendance requirements? | | | | | | | | | | | | | YES | | | NO | | If so, explain: | | | | | | | | | | | | | | |
| If required, do you have a valid driver’s license? | | | | | | | | | | | | | YES | | | NO | |  | | | | | | | | | | | | | | |
| Will you be able to perform the essential functions of the job, with or without reasonable accommodation? | | | | | | | | | | | | | YES | | | NO | |  | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School: | | | | | | | | | | | | | | Address: | | | | | | | | | | | | | | | | | | |
| Did you graduate? | | | | | | | YES | | | NO | | | Number of completed years? | | | | | | | | | | | | Degree: | |  | | | | | |
| College/Technical: | | | | | | | | | | | | | Address: | | | | | | | | | | | | | | | | | | | |
| Did you graduate? | | | | | | | YES | | | NO | | | Number of completed years? | | | | | | | | | | | | Degree: | |  | | | | | |
| Other Training (Particularly that led to license or certification): | | | | | | | | | | | | | Address: | | | | | | | | | | | | | | | | | | | |
| Did you graduate? | | | | | | | YES | | | NO | | | Number of completed years? | | | | | | | | | | | | Degree: | |  | | | | | |
| Skills / Abilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List any software programs you are skilled in using: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skills or abilities you have which are pertinent to the position, including hobbies or related interests: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment: If not contacted at this time, AFS reserves the right to contact this employer in the event an offer is made and accepted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | Phone: | | | | | | (     ) | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | |  | | | | | |
| Job Title: | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | To: | |  | | | Reason for Leaving: | | | | | | | |  | | | | | | | | | | | | | |
| May we contact this employer at this time? | | | | | | | | | | | | | | | | | YES | | | NO | | |  | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | Phone: | | | | | | (     ) | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | |  | | | | | |
| Job Title: | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | To: | |  | | | Reason for Leaving: | | | | | | | |  | | | | | | | | | | | | | |
| May we contact this employer at this time? | | | | | | | | | | | | | | | | | YES | | | NO | | |  | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Company: | |  | | | | | | | | | | | | | | | | | | | Phone: | | | | | | (    ) | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | |  | | | | | |
| Job Title: | |  | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | |
| Responsibilities: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | To: | |  | | | Reason for Leaving: | | | | | | | |  | | | | | | | | | | | | | |
| May we contact this employer at this time? | | | | | | | | | | | | | | | | | YES | | | NO | | |  | | | | | | | | | |
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| Previous Employment Continued | | | | | | | | | | | | | | | | | |
| Company: | | |  | | | | | | | | | | Phone: | | | | (     ) |
| Address: | | |  | | | | | | | | | | Supervisor: | | | |  |
| Job Title: | | |  | | | | |
| Responsibilities: | | | |  | | | | | | | | | | | | | |
| From: |  | | | | To: |  | Reason for Leaving: | | | |  | | | | | | |
| May we contact this employer at this time? | | | | | | | | | YES | | | NO | | |  | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | |
| Business References | | | | | | | | | | | | | | | | | |
| Please list 3 business references who can attest to your work history. i.e. previous supervisors or managers | | | | | | | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | Occupation: | | | |  | | | |
| Company: | | |  | | | | | | | | | | | | | Phone: | (     ) |
| Address: | |  | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | | |  | | | |
| Full Name: | | |  | | | | | | | Occupation: | | | |  | | | |
| Company: | | |  | | | | | | | | | | | | | Phone: | (    ) |
| Address: | |  | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | | |  | | | |
| Full Name: | | |  | | | | | | | Occupation: | | | |  | | | |
| Company: | | |  | | | | | | | | | | | | | Phone: | (     ) |
| Address: | |  | | | | | | | | | | | | | | | |

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| Disclaimer and Signature |
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| **PLEASE READ BEFORE SIGNING THIS APPLICATION**  I certify that the information given by me to American Financial Solutions is true and complete to the best of my knowledge. I understand that if reference checking reveals false or misleading information given by me, it will be grounds for not hiring me, or if already hired, for immediate dismissal.  As a final step in the hiring process, as an applicant I may be subject to an employment entrance exam that may include screening for illegal drugs, I understand if I confirm positive on drug screening I will not be considered for employment.  I agree to conform to American Financial Solution’s policies, and acknowledge that these policies or procedures may be changed, interpreted, withdrawn, or added to by the company at any time, at its sole option and without r consent from or notice to me. I further understand that none of the company’s practices or policies are to be construed as imposing any binding obligations on American Financial Solutions and that my employment or compensation can be terminated with or without cause, and with or without notice of any time at the option of either American Financial Solutions or myself.  I understand that no supervisor or representative of American Financial Solutions, other than the CEO, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement in writing, contrary to the foregoing.  I understand that documentation proving my legal right to work in the United States will be required upon hiring.  **Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **AUTHORIZATION AND RELEASE FOR BACKGROUND CHECKS**  I understand that because I am applying for a position of “trust” within a financial institution, as part of the employment screening process, American Financial Solutions will be requesting a credit report and/or obtaining information on my credit worthiness.  If employed by American Financial Solutions, I hereby authorize American Financial Solutions to obtain and use consumer reports, from time to time, and make whatever inquiries it considers appropriate to be evaluated for any promotion, reassignment or retention as an employee.  I authorize the American Financial Solutions to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.  I release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishings of such information. If I am refused employment on the basis of such a report, upon written request from me within a reasonable time, I have a right to a complete and accurate disclosure of the nature and scope of the investigations(s) requested by American Financial Solutions.  **Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |