Ask The Advisors Team Member Application

Ask The Advisors is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. **FILL THIS APPLICATION OUT COMPLETELY**.

Date:

I. Personal Information

Name:	Last	Firs	st	Middle	
Present A	Address				
Permane	nt Address (if diffe	rent than above)			
Social S	ecurity Number		Teleŗ	phone	
employr being hi	nent authorization red. Failure to sub	and identity (valid driver's lic omit such proof within the requ	ense, birth certifica	ired must submit satisfactory proof of ate, Green Card, etc.) within three days of ılt in immediate employment termination.	
Position Applied For:					
1. Do y	ou have any relativ	es who are presently (or have for	rmerly been) employ	ved by Ask The Advisors?	
2. How	were you referred	to Ask The Advisors?			
3. Have you ever been convicted of a felony? \Box Yes \Box No If yes, please explain:					
4. Pleas	se provide your Dri	ver's License number, state issue	ed, and date of expir	ation:	
5. Tell	us about your drivin	ng record. List any incidents tha	it you have been invo	olved in over the past seven years:	

II. Educational History

	School Name/	Location	Years Completed		Degree	/Diploma
Hig	gh School					
Col	llege					
Tec	ch. Training					
Oth	ner					
Π	I. Employment Reco	rd Please include	all employment for the la	st five yea	rs.	
1.	Company Name (Current or Most Recent Employer)		Position Held	Position Held		
	4.11		Dates Employed:			
	Address			From	То	
	Manager / Supervisor		Telephone			Wage/Salary
	Reason For Leaving					
2.	Company Name		Position Held			
			Dates Employed:			
	Address			From	То	
	Manager / Supervisor		Telephone			Wage/Salary
	Reason For Leaving					
3.	Company Name		Position Held			
			Dates Employed:			
	Address			From	То	
	Manager / Supervisor		Telephone			Wage/Salary

Reason For Leaving

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name)

Reason

(Employer's Name)

Reason

IV. References *Please do not include former employers.*

Years Known
Telephone
Years Known
Telephone

Why do you want to work for Ask The Advisors ???

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2	Do you have any objection to working overtime?	() Yes () No
4.	Do you have any objection to working overtime:	() Its $()$ NO
3.	Can you work overtime without prior notice?	() Yes () No
4.	Can you work on Saturday?	() Yes () No
5.	Can you work on Sunday?	() Yes () No
6.	Can you work late (beyond 6:00) without notice?	() Yes () No
7.	Can you travel if required by this position?	() Yes () No

VI. Application Questions

- 1. What were your responsibilities on your last job?
- 2. What did you like best about your last job?
- 3. What did you like least about your last job?
- 4. Why did you leave your last job or why are you leaving your current job?
- 5. If you could have made one recommendation to your previous/current employer what would it be?

- 6. What have you done that you are proud of?
- 7. Describe the best boss you ever worked for?
- 8. Describe the worst boss you ever worked for?
- 9. What is your greatest strength?
- 10. What kinds of things irritate you the most?
- 11. Tell me about the ups and downs of your energy levels?
- 12. How do you feel about training?
- 13. Where do you want to be a year from now?
- 14. Is there anything else you would like to know about our company?
- 15. Is there anything else you would like to tell us about yourself?

VII. Salary / Hourly Rate Requirements

If you leave this blank we will assume that you want to work for free. If your application receives favorable consideration, what is the **MINIMUM** salary/hourly rate would you require?

\$ _____per week / year. Circle one please.

Background Research Release

Authorization and General Release Form

The undersigned in connection with this application, authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to Ask The Advisors or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Applicant's Printed Name

Applicant's Signature

Date

Witness's Printed Name

Witness's Signature

Date