



ASSOCIATION FOR
FINANCIAL
PROFESSIONALS

Association for Financial Professionals Employment Application

Personal	Last Name	First Name	Middle Initial	Date
	Street Address			Home Phone
	City	State	Zip	Cell Phone
	Have you ever applied for employment with us?			Last 4 Digits of Social Security Number
	How did you hear about AFP?			Email Address
	Position Desired			Salary Desired
	Have you been given a job description or had the requirements of the job explained to you?			Do you understand the requirements of the job?
	Are you available to work on a full time basis?			Will you work overtime if asked?
	Are you legally eligible for employment in the United States?			When you will be available to begin work?

Education	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	College					
	College					
	High School					
	Other					

Employment History: Please give accurate, complete, full time and part time employment records. Start with the present or most recent employer.

1	Company Name	Telephone Number
	Address	Dates of Employment From : To:
	Name of Supervisor	Annual Base Salary
	State Job Title and Describe your work	Reason for Leaving
		May we contact this employer? Yes No

2	Company Name	Telephone Number
	Address	Dates of Employment From : To:
	Name of Supervisor	Annual Base Salary
	State Job Title and Describe your work	Reason for Leaving
		May we contact this employer? Yes No

3	Company Name	Telephone Number
	Address	Dates of Employment From : To:
	Name of Supervisor	Annual Base Salary
	State Job Title and Describe your work	Reason for Leaving
		May we contact this employer? Yes No

4	Company Name	Telephone Number
	Address	Dates of Employment From : To:
	Name of Supervisor	Annual Base Salary
	State Job Title and Describe your work	Reason for Leaving
		May we contact this employer? Yes No

Please list any other training or skills that are specific to the job for which you are applying:

Please Sign

I, _____, hereby authorize the Association for Financial Professionals, Inc (“AFP”) to engage a third party or other agent to make inquiries concerning my prior employment history and obtain any public record information on me from public sources in order to evaluate my fitness for employment. I hereby waive any rights I have against AFP or any of its agents or contractors that may conduct this investigation.

Date Signature

Please Sign

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that employment with the Association is a voluntary, at-will relationship that has no specific or defined length.

With the exception as noted hereon, applicant authorizes employer to verify any information on the application and specifically authorizes previous employers and/or other references listed to provide information concerning applicant’s employment with those firms and agrees to hold harmless, former employers, their representatives and anyone else providing information to the Association for Financial Professionals, as well as the Association for Financial Professionals itself.

I understand that, if employed, all information and material which might come into my possession is and remains the property of the employer and I am obligated to return it upon separation from employment.

Date Signature

Under Maryland law an employer may not require or demand any applicant for employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00

Date Signature