



Employment Application

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Date of Birth

City State ZIP Code

Cell Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	



Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Military Service

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

Disclaimer and Signature

I hereby certify that my answers are true and complete and I authorize Diaz, Anselmo & Associates to verify their accuracy and to conduct an investigation of my background, references, character, past employment, work performance, consumer reports, education and criminal history record information, which may be in any federal, state or local files, including those maintained by both public and private organizations and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. I hereby release Diaz, Anselmo & Associates from any and all liability of whatever kind of nature which, at any time, could result from obtaining and having an employment decision based on such information. An electronically produced copy of this consent shall be considered as valid as the original consent.

I understand that, if employed, falsified statements of any kind of omissions of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of the Firm. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Firm may terminate my employment at any time with or without notice.

Diaz, Anselmo & Associates is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, ethnicity, disability status, protected veteran status, sexual orientation, gender identity or any other consideration protected by federal, state or local law. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Application will be considered valid for 60 days.

Signature: _____ Date: _____



CONFLICT OF INTEREST QUESTIONNAIRE

1. Name(s) of current/previous employer(s): *Note: list only those employers related to the legal, real estate, default services, lender, mortgage or banking industries, or similar*

2. To your knowledge, while with your current or previous employer(s) or while self-employed did you work on any matters in opposition to Diaz Anselmo & Associates or its predecessors or have you worked on the defense side of default services?

YES _____ NO _____

3. If you answered YES above, please provide the following information for each matter:

- a. Name of employer _____
- b. Name of client _____
- c. Name of DAA client _____
- d. Type of matter (transaction, litigation, etc.) _____
- e. Relationship of your former client to Diaz Anselmo (adverse, co-defendant, etc.) _____

Note: If any information requested in question 3 is confidential or privileged, this information should not be given without consent. If such consent cannot be obtained, please simply complete this form by advising that matters of privilege and/or confidentiality prevent the completion thereof.

This form must be completed and returned with the job application and prior to the commencement of employment.

Signature: _____ Date: _____