Position Applied for:		Date:	
A P	.		
Applicant's Personal In	rormation		
Salary Expectations:	Driver's	License No	
Last Name	First	Middle	
Street Address	City	State/Zip Code	
Home Phone #	Cell #	Email address	
Are you at least 18 years old?	If not, state your a	age for child labor law purposes only	
Are there any days, shifts or hours	s you will not work?	If yes, please explain:	
When will you be able to start wor	k?		
Have you taken any illegal drugs i	in the past 30 days?		
How did you hear about Top Flite	Financial, Inc?		
Have you ever applied or worked	here before? Yes ☐ N	lo ☐ If yes, provide dates:	
Are you legally authorized to work	in the United States?	Yes □ No □	
Will you now or in the future requi	re sponsorship for emp	loyment visa status? Yes ☐ No ☐	
Have you ever been convicted of Date of conviction:	a felony within the past _If you answered yes p	seven years? Yes*□ No □ lease explain, include penalty imposed:	
you for, misappropriation of funds involving the use of a weapon, for assault or other violent crime? Y	, embezzlement or other burglary, robbery, brea es* □ No □	or do you have any pending charges against er similar dishonest conduct, any offense aking and entering or theft, or for physical	

* Answering yes does not automatically exclude you from further consideration for the position

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Please complete the following information beginning with most recent employer

Company Name:Address:Name of Supervisor:Reason for Leaving:	Dates Employed: Weekly Pay: Start Last State job titles and describe job responsibilities:				
Company Name:Address:	Phone Number:				
Name of Supervisor:	responsibilities:				
Company Name:Address:	Phone Number: Dates Employed:				
Name of Supervisor:	Weekly Pay: Start LastState job titles and describe job responsibilities:				
Company Name:Address:	Phone Number: Dates Employed: Weekly Pay: Start Last				
Name of Supervisor:	State job titles and describe job responsibilities:				

Employment History
Continued
Please explain any gaps in your employment history
Have you ever been discharged or forced to resign?If yes, explain:
Did you receive any discipline in the past 12 mos. of active employment?If yes, explain:
Were you given a performance evaluation within the last 12 mos. of active employment?
Have you signed any non-compete or non-solicit agreements with any other employer that might restrict you from working with this company?If yes, explain:
(You may be required to furnish a copy of the agreement)
ADDITION ADVINOVIL EDGEMENT
APPLICANT'S ACKNOWLEDGEMENT
I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions in facts in any application document will be cause for my dismissal at any time without prior notice.
I understand that, if employed, my employment with Top Flite Financial, Inc. is nor for any specific term and may be terminated by Top Flite or me with or without notice at any time. I further understand that no oral promise, Top Flite Policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any Personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between Top Flite, Inc and me.
I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests, submit to a background investigation, or take a drug test. If I am offered employment or start work before the test results are in, my employment is contingent on a satisfactory result on such tests.
I acknowledge that this application will remain on file for 30 days from this date. If I have not heard back from Top Flite, it is my responsibility to complete a new application if I still wish to be considered for employment.

Signature: _____ Date: _____



Top Flite Financial, Inc - Pre-Employment Release Form

Notification

Please be advised that an investigation will be conducted on all applications for Top Flite Financial, Inc. This investigation may involve a social security number trace, contact with current and former business associates, a criminal record check, a credit check, verification of education, and a driving history check. Information obtained from the investigation will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.

Authorization for release of information

In connection with any application for employment with Top Flite Financial, Inc., I authorize Top Flite Financial, Inc to have an investigation conducted to seek information concerning my background and past employment. I understand and agree that Top Flite Financial may request information from various federal, state and other agencies, including public and private relation to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I authorize the release of this information without restriction to Top Flite Financial or any of its agents and other officers and employees. I release Top Flite Financial, any consumer reporting agency and all of their respective agents, employee officers, and shareholders from any liability and responsibility for collection, reviewing, dissemination and/or making decisions based on any information obtained.

By continuing on with this online application you acknowledge receipt of this notification and hereby authorize us to obtain a complete background check on you in order to consider you for employment. This release is valid for all private persons and entities, and federal, state, county and local agencies and authorities.

Disclosure to Employment Application Regarding Procurement of Consumer Report

In connection with your application for employment, we may procure, or cause to be procured, a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

By signing below you acknowledge receipt of this notification and hereby authorize us to obtain a consumer report about you in order to consider you for employment. Please note that your complete full name, current home address, date of birth and social security number is required to obtain the investigation reports. I acknowledge that the information I providing below is true and correct.

Cianatura	Data
Date of Birth:	Social Security #:
Home address: _	
Print Full Name: _	
Print Full Name:	