



NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION, PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Name – First _____ Middle _____ Last _____

Have you ever worked under another name? Yes No If yes, what was it and what was the reason for the change? _____

Social Security Number: _____ Phone No: _____

Present Address _____ City _____ State _____ Zip _____ How long? _____

Position applying for: _____ What is your desired salary range? _____

What date are you available for employment? _____ Are You 18 Years or older? Yes No Do You have a legal right to work in the U.S.? Yes No

Have you ever applied for a position at NAIFA? Yes No When? _____

Is there anything that would prevent you from performing the essential functions of the job in a reasonable and safe manner? Yes No

If yes, please explain _____

Are any of your relatives presently employed with NAIFA or its Conferences and/or Affiliates? Yes No If yes, name of relative: _____

Have you ever been convicted of a crime? Yes No If yes, state nature of offense, when, where and disposition _____

PLEASE NOTE: A criminal conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.

Do you have any commitment or agreement with another employer that might affect your employment with NAIFA? Yes No

If yes, please explain _____

Have you ever been terminated from a job or asked to resign as an alternative to being fired? Yes No

If yes, please explain _____

Do you have a high school diploma or GED certificate? Yes No

EDUCATION

NAME AND LOCATION OF SCHOOL, COLLEGE OR UNIVERSITY	COURSE OF STUDY (LIST MAJOR)	CREDITS EARNED & AVERAGE GRADE	GRADUATED? YES/NO	DEGREE/ CERTIFICATE RECEIVED (AA,BA,BS,MA,PHD)

LICENSE/REGISTRATION/CERTIFICATE LIST ANY REQUIRED PROFESSIONAL LICENSE, REGISTRATION, CERTIFICATION, ETC.			
DESCRIPTION	STATE	NUMBER	EXPIRATION

National Association of Insurance and Financial Advisors (NAIFA) will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, religion, physical disabilities, marital status, or any other matters protected by applicable federal, state and local laws in the jurisdictions where it maintains facilities. Answers to application questions will be utilized for applicable, job information only. NAIFA complies with the law regarding "reasonable accommodations" to qualified individuals with disabilities in accordance with The Americans with Disabilities Act and applicable state and local laws. Applicant requiring reasonable accommodations in order to participate in the interview process are requested to contact the Human Resources Department in order to arrange such accommodations.

An Equal Opportunity Employer

EMPLOYMENT HISTORY - PLEASE NOTE: A RESUME WILL NOT SUBSTITUTE

INSTRUCTIONS: PLEASE PRINT AND LIST EVERY POSITION THAT YOU HAVE HELD STARTING WITH YOUR MOST RECENT POSITION. (ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT.) IF YOU REQUIRE ADDITIONAL SPACE TO DETAIL YOUR EMPLOYMENT HISTORY, PLEASE ATTACH ADDITIONAL INFORMATION.

Employment Background: Present or most recent position. May we contact your present employer for a reference? Yes No

Employer: _____ Phone _____

Address _____ City _____ State _____ Zip _____

Employed From (Mo/Yr): _____ To _____ Starting Base Pay: _____ Finish _____

Your Position Title _____

Supervisor's Name/Title: _____

Reason for leaving: _____

Previous Positions:

Employer: _____ Phone _____

Address _____ City _____ State _____ Zip _____

Employed From (Mo/Yr): _____ To _____ Starting Base Pay: _____ Finish _____

Your Position Title _____

Supervisor's Name/Title: _____

Reason for leaving: _____

May we contact this employer? Yes No

Employer: _____ Phone _____

Address _____ City _____ State _____ Zip _____

Employed From (Mo/Yr): _____ To _____ Starting Base Pay: _____ Finish _____

Your Position Title _____

Supervisor's Name/Title: _____

Reason for leaving: _____

May we contact this employer? Yes No

Periods of Unemployment:

Explanation: _____

UNITED STATES MILITARY SERVICE

INSTRUCTIONS: IF YOU OBTAINED ANY EXPERIENCE OR SKILLS WHILE IN MILITARY SERVICE THAT RELATE TO THE JOB FOR WHICH YOU ARE APPLYING, PLEASE DESCRIBE THE NATURE OF YOUR DUTIES THAT LED TO THE EXPERIENCE.

COMMENTS AND ACCOMPLISHMENTS

INSTRUCTIONS: EXPLAIN BELOW OR ON ANOTHER SHEET, YOUR PRIMARY AREA OF SPECIALIZATION. NOTE ANY OTHER DETAILS WHICH SHOULD BE CONSIDERED IN REVIEWING YOUR QUALIFICATIONS INCLUDING PROFESSIONAL AFFILIATIONS, HONORS AND AWARDS, THESES, PUBLICATIONS, PATENTS, ETC. (YOU MAY EXCLUDE PROFESSIONAL AFFILIATIONS WHICH MAY SUGGEST THE RACE, RELIGIOUS CREED, SEX, MARITAL STATUS, AGE, COLOR, NATIONAL ORIGIN, OR PHYSICAL HANDICAP OF ITS MEMBERS.)

ADDITIONAL INFORMATION

What was your overall rating on your most recent performance evaluation? _____

Have you ever been coached, warned, disciplined or discharged by an employer for:

Absenteeism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Failure to meet deadlines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tardiness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fighting or assault	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insubordination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violating organization safety rules	<input type="checkbox"/> Yes <input type="checkbox"/> No
Theft or unauthorized removal of company property	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violating organization alcohol or drug possession policies	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to any of these questions is "YES", please explain:

WORK PREFERENCES

INSTRUCTIONS: ANSWER ONLY THE QUESTIONS THAT APPLY TO YOU AND THE POSITION FOR WHICH YOU ARE APPLYING.

Which type of employment do you want? Full-Time Part-Time Temporary (six months or less)

Are you willing to travel? Yes No What percent of the time? _____

Are you willing to work overtime as necessary (for non-exempt positions)? Yes No.

REFERRED BY

How did you learn about NAIFA/Open position? (Check one)

Print Ad Internet Posting Friend Walk-in Placement Firm Temporary Agency Previous Employee

Current Employee: Whom _____ Other _____

IMPORTANT INFORMATION – READ CAREFULLY!

CERTIFICATION AND SIGNATURE

I certify that the information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or falsification of information or omission of any fact in my application or during any interviews will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date. As an applicant for employment with the National Association of Insurance and Financial Advisors, I further understand and agree that:

- This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file.
- If I am not hired within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a position with NAIFA.
- Any offer of employment I receive from NAIFA is contingent upon my successful completion of the association's total pre-employment screening process, including receiving references that NAIFA considers satisfactory.
- If my application for employment is accepted, the effective date of employment shall be the time I actually begin to work. If I am employed, I agree to sign the receipt of acknowledgement and comply with and be bound by the policies and procedures set forth in NAIFA's Employee Handbook. **Nothing in that handbook shall be interpreted to modify the fact that my employment with NAIFA is at-will.**
- **I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between NAIFA and myself. My employment is not guaranteed for any term, and my employment may be terminated by NAIFA or myself at any time and for any reasons not prohibited by law. No management official is authorized to make any oral assurance or promise of continued employment which is not in writing and signed by the NAIFA Executive Vice President.**
- In processing my application for employment, NAIFA may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
- I certify that I have a genuine interest in employment in your company.
- I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me, including those individuals I have listed as personal references, to furnish NAIFA, and/or its agents, with any and all relevant information in their possession regarding me, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment in connection with an application for or retention of employment. Further, in order to encourage full and candid disclosure, I hereby release from liability and hold harmless all persons and corporations from any and all claims arising from the disclosure or use of any information related to my past or current employment to the extent permitted by law. A photocopy of this authorization is as effective as the original.

Print Name: _____

Signed: _____

Date: _____