

APPLICATION FOR EMPLOYMENT

Instructions

Please answer each question fully and accurately. When submitting your application include the following:

- **Cover Letter** – include a brief explanation of why you are interested in working with Empower and the areas you would like to grow in.
- **Resume**

Email your completed application and supporting documents via email to regina@empower-wa.com.

Position applying for: **Financial Planning Internship**

When can you begin work? _____

Personal Data

Last Name	First Name	Middle Initial	Daytime Telephone Number
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Present Street Address	City	State	ZIP
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Date of Birth: _____

Social Security Number: _____

Are you a citizen of the United States or do you have a valid work permit? Yes No

Emergency Contact

Last Name	First Name	Relationship	Daytime Telephone Number
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Street Address	City	State	ZIP
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An Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.



Don't just plan it. Do it.

Empower
wealth advisors

(210) – EMPOWER | www.Empower-wa.com
4358 Lockhill Selma Rd. | Bldg. 1, Suite 100
Shavano Park, TX. 78249

General

Professional References: Provide 3 references we can contact.

Name	Relationship	Phone Number	Email (Optional)

Do you have the following:	Yes No	Month/Year Exam Completed?
FINRA Series 6 registration?		_____
FINRA Series 7 registration?		_____
FINRA Series 63 registration?		_____
Other(Specify): _____		_____

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record? Yes No

If yes, provide details: _____

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you now, or do you expect to be, engaged in any other business or employment? Yes No

If yes, provide details: _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, provide details: _____

Investigative Consumer Report

In making this application for employment, it is understood that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends, and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct, without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information.

I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired.

I understand that any misleading or incorrect statements may render this application void and, if I were employed, would be cause for termination. I understand that there is no expressed or implied contract of employment; and that, if employed, I have been hired at the will of the employer and that my employment may be terminated at will, at any time, with or without cause, the employer's only obligation being to pay salary or wages due and owing at the time of the termination.

Finally, I understand that all company property must be returned, and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

Signature: _____ **Date:** _____