



# Employment Application

(EQUAL OPPORTUNITY EMPLOYER)

NMLS #: \_\_\_\_\_ DATE: \_\_\_\_\_

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State Zip Code*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## EMPLOYMENT POSITION DESIRED

Position: \_\_\_\_\_ Available Date: \_\_\_\_\_ Desired Comp: \_\_\_\_\_

Are you currently employed? If yes, may we inquire of your present employer? YES NO

Have you applied with Southeast Mortgage before? YES NO Location: \_\_\_\_\_

Date: \_\_\_\_\_

## EDUCATION HISTORY

	Name & Location of School	Years Attended	Degree
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High School	_____	_____	_____
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College	_____	_____	_____
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Trade School	_____	_____	_____
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## GENERAL INFORMATION

Subjects of special study/research work or special training/skills: \_\_\_\_\_

\_\_\_\_\_

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

## FORMER EMPLOYERS

*(List below the last four employers, starting with the most current first.)*

Date (MO & YR) Start & End	Name & Address of Employer	Annual Comp.	Position	Reason For Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## REFERENCES

*(Give below the names of three persons not related to you, who you have known at least one year.)*

_____	_____	_____	_____
<i>Name</i>	<i>Business Name and/or Phone #</i>	<i>Relation</i>	<i>Years Known</i>
_____	_____	_____	_____
<i>Name</i>	<i>Business Name and/or Phone #</i>	<i>Relation</i>	<i>Years Known</i>
_____	_____	_____	_____
<i>Name</i>	<i>Business Name and/or Phone #</i>	<i>Relation</i>	<i>Years Known</i>

## AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_