EMPLOYMENT APPLICATION

Please complete the entire application.

Employer Information

Full or Part Time?

1.

2 3	
Employer:	Harris Financial Solutions, Inc.
Address:	2 Cityplace Dr.
City/State/ZIP:	St. Louis, MO 63141
Telephone:	855-874-5188
applicants and emp	arris Financial Solutions, Inc. to provide equal employment opportunities to all loyees without regard to any legally protected status such as race, color, tional origin, age, disability or veteran status.
2. Applicant I	nformation
Applicant Full Nam	ne:
Home Address:	
City/State/ZIP:	
Number of years at	this address:
Daytime phone: _	Evening phone:
Mobile phone: _	
Social Security Nur	mber:
Driver's License (S	tate/Number):
3. Emergency	Contact
Who should be con	tacted if you are involved in an emergency?
Contact Name:	
Relationship to you	:
Address:	
City/State/ZIP:	
Daytime phone: _	Evening phone:
4. Job Positio	n Applied For:

5.	5. Who referred you to our company? Do you have any friends or relatives who work here? If yes, please list here:						
6.		lied to our company previously?		No			
7.	Are you at lea	ast 18 years old?	Yes	No			
8.	. If you are offered employment, when would you be available to begin work?						
9.	•	ou able to submit proof that you and the United States? Yes	re legally eligible for	_ No			
10. Have you ever been convicted of a felony or misdemeanor?							
	Yes,	I was convicted of	_(city),	on (state)			
	No						
AUT		OF A CRIMINAL RECORD DO TO EMPLOYMENT UNLESS					
11.	Applicant Em	ployment History					
and n	nilitary service) v	ost recent employment first. Please which you have held, beginning wi If additional space is needed, cont	th the most recent, and	list and explain any			
Supe: Addr	loyer Name: rvisor Name: ress: State/ZIP:			 			
Job I Reaso	Outies: on for Leaving:	(Month/Year):		_ _ -			
_	loyer Name: rvisor Name:			_			

Address:				
City/State/ZIP:				
Job Duties:				
Reason for Leaving:				
Dates of Employment				
Supervisor Name:				
Address:				
City/State/ZIP:				
Job Duties:				
Reason for Leaving:				
Dates of Employment	(Month/Ye	ear):		
12. Applicant's Ed	lucation and	d Training		
College/University Na	ime and Ac	ddress		
Did you receive a deg		Vac	No.	If yes, degree(s) received
Did you receive a deg	100:	1 cs	110	if yes, degree(s) received
High School/GED Na	me and Ad	ldress		
Did you receive a deg	ree?	Yes	No	
Other Training (gradua	ate, technic	al, vocational):	
7.	0			
Please indicate any cur	rrent profes	ssional license	s or certific	ations that you hold:
Awards, Honors, Spec	rial Achiev	amanta.		
Awarus, Honors, Spec	nai Acilicv	cincitis.		
Military Service:				
Yes N	lo			
Branch:				
Specialized Training:				
12 Peferences				

13. References

Name: Address: City/State/ZIP:				
•				
Telephone:				
Relationship:				
Name:				
Address:				
City/State/ZIP:				
Telephone:				
Relationship:				
Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:				

List any two non-relatives who would be willing to provide a reference for you.

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Harris Financial Solutions, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Harris Financial Solutions, Inc., except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO ITS TERMS.	CERTIFICATION AND I UNDERSTAND
APPLICANT SIGNATURE	DATE