



# HOMETRUST MORTGAGE COMPANY

## APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

#### NAME

LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
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#### ADDRESS

STREET	CITY	STATE	ZIP
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#### PHONE (HOME)

#### PHONE (CELL)

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

NO	YES
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HAVE YOU EVER BEEN CONVICTED OF A CRIME?

NO	YES
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IF YES, EXPLAIN NUMBER OF CONVICTION(S), NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), DATE OFFENSE(S) WAS/ WERE COMMITTED, SENTENCE(S) IMPOSED, AND TYPE(S) OF REHABILITATION.

### EMPLOYMENT DESIRED

#### POSITION

#### NMLS #

DATE AVAILABLE

SALARY DESIRED

PRESENT EMPLOYER	MAY WE CONTACT YOUR PRESENT EMPLOYER?
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NO	YES
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HAVE YOU APPLIED WITH HOMETRUST MORTGAGE BEFORE?

IF YES, WHEN?

REFERRED BY

EDUCATION	NAME OF SCHOOL	LOCATION / ADDRESS	NUMBER OF YEARS COMPLETED	DEGREE AND MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				
PROFESSIONAL SCHOOL				

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES: (CIVIC, ATHLETIC, ETC - EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF IT'S MEMBERS)

### MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?

NO	YES
----	-----

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR RESERVES?

NO	YES
----	-----

SPECIALTY

RANK

DATE ENTERED

DISCHARGE DATE

\* THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULATED BY THE EEOC ON JULY 26, 1991.

**FORMER**

**EMPLOYERS** (LIST BELOW PAST TEN YEARS OF EXPERIENCE OR LAST THREE EMPLOYERS, WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE THE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB OR EMPLOYER?

**REFERENCES** ( PLEASE LIST TWO OTHER REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS)

NAME	_____	NAME	_____
POSITION	_____	POSITION	_____
COMPANY	_____	COMPANY	_____
ADDRESS	_____	ADDRESS	_____
TELEPHONE	_____	TELEPHONE	_____
YEARS ACQUAINTED	_____	YEARS ACQUAINTED	_____

**EMERGENCY** IN THE EVENT OF AN EMERGENCY PLEASE NOTIFY THE FOLLOWING:

NAME	ADDRESS	PHONE	RELATIONSHIP

\* I CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF DISCOVERED AFTER EMPLOYED WITH HOMETRUST MORTGAGE, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S POLICY'S AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY HOMETRUST MORTGAGE.

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

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_

REMARKS \_\_\_\_\_

NEATNESS \_\_\_\_\_ ABILITY: \_\_\_\_\_

HIRED: NO YES POSITION: \_\_\_\_\_

SALARY/WAGE: \_\_\_\_\_ EFFECTIVE DATE OF EMPLOYMENT: \_\_\_\_\_

MANAGER: \_\_\_\_\_ BRANCH: \_\_\_\_\_

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION