



APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION:

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____
(REQUIRED)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

*FORMER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

**IF AT PRESENT ADDRESS LESS THAN 2 YEARS PLEASE ENTER FORMER ADDRESS.*

HOME PHONE: () _____ CELL PHONE: () _____ EMAIL: _____

REFERRED BY: _____ OR HOW DID YOU HEAR ABOUT THE OPPORTUNITY? _____

DESIRED EMPLOYMENT:

POSITION: _____ DATE AVAILABLE: _____ DESIRED SALARY: \$ _____ PER _____

CURRENTLY EMPLOYED? YES NO

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

EVER APPLIED/WORKED FOR SHORE MORTGAGE BEFORE? YES NO IF SO, WHERE & WHEN? _____

EDUCATION:

NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
HIGH SCHOOL:			
UNDERGRADUATE COLLEGE:			
GRADUATE PROFESSIONAL:			
OTHER (SPECIFY):			

PRESENT AND PREVIOUS EMPLOYMENT: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT)

<u>EMPLOYER:</u>	<u>DATE EMPLOYED:</u>	<u>WORK PERFORMED:</u>
ADDRESS	START DATE:	
TELEPHONE NUMBER(S):	END DATE:	
JOB TITLE:	<u>HOURLY RATE/SALARY:</u>	
CONTACT PERSON:		

SUPERVISOR:	STARTING PAY:	
REASON FOR LEAVING:	ENDING PAY:	
EMPLOYER:	DATE EMPLOYED:	WORK PERFORMED:
ADDRESS	START DATE:	
TELEPHONE NUMBER(S):	END DATE:	
JOB TITLE:	HOURLY RATE/SALARY:	
CONTACT PERSON:		
SUPERVISOR:	STARTING PAY:	
REASON FOR LEAVING:	ENDING PAY:	
EMPLOYER:	DATE EMPLOYED:	WORK PERFORMED:
ADDRESS	START DATE:	
TELEPHONE NUMBER(S):	END DATE:	
JOB TITLE:	HOURLY RATE/SALARY:	
CONTACT PERSON:		
SUPERVISOR:	STARTING PAY:	
REASON FOR LEAVING:	ENDING PAY:	

OTHER QUALIFICATIONS:

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.:
INDICATE ANY FOREIGN LANGUAGE (S) YOU CAN SPEAK, READ AND/OR WRITE:

EQUIPMENT KNOWLEDGE:

SOFTWARE KNOWLEDGE:

_____ PC _____ FAX _____ EXCEL _____ POWER POINT
 _____ TYPEWRITER _____ COPIER _____ WORD _____ MORTGAGE SOFTWARE
 _____ CALCULATOR _____ OUTLOOK OTHER SOFTWARE (PLEASE LIST): _____

PLEASE GRADE EACH QUALITY AS IT PERTAINS TO YOU FROM 1 TO 5, WITH 5 BEING THE HIGHEST.

ASSERTIVENESS	1	2	3	4	5
ORGANIZE WORK AND TIME	1	2	3	4	5
COMMUNICATION	1	2	3	4	5
SELF DISCIPLINE	1	2	3	4	5
ATTENTION TO DETAIL	1	2	3	4	5
TEAM PLAYER	1	2	3	4	5

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

DECISION MAKING	1	2	3	4	5
RISK TAKING	1	2	3	4	5
ABILITY TO GROW AND INCREASE SKILLS	1	2	3	4	5
ENTHUSIASM & ENERGY; ABILITY TO GET OTHERS EXCITED	1	2	3	4	5
SOCIABILITY	1	2	3	4	5
ABILITY TO FOLLOW INSTRUCTIONS	1	2	3	4	5
DRIVE & AMBITION	1	2	3	4	5
EMOTION CONTROL; ABILITY TO STAY IN CONTROL IN CRISIS SITUATION.	1	2	3	4	5

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES IF YES, PLEASE EXPLAIN: _____

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 OF SUCH INFORMATION.

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."

DATE: _____ APPLICANT SIGNATURE: _____

POSITION: _____ HOURLY WAGE/SALARY: \$ _____ START DATE: _____

STATUS: FULL TIME PART TIME BONUS AMOUNT: _____ BENEFITS: _____

DIVISION: _____ SHORE BRANCH AFFILIATE

BRANCH: _____ CITY: _____

SHORE MORTGAGE ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR THE INCLUSION IN THIS FORM OF ANY QUESTIONS OR REQUESTS FOR INFORMATION UPON WHICH A VIOLATION OF LOCAL, STATE AND/OR FEDERAL LAW MAY BE BASED, IT IS THE USER'S RESPONSIBILITY TO ENSURE THAT THIS FORM'S USE COMPLIES WITH APPLICABLE LAWS, WHICH CHANGE FROM TIME TO TIME.

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

BRANCH OFFICE/EMPLOYEE/OWNERSHIP/REALTOR DISCLOSURE

Branch Office Disclosure:

I will be conducting mortgage business on behalf of Shore Financial Services, Inc. ("**Shore**") from the following location(s):

- From my Home Address:

- From this Commercial Office or Suite:

- At These Other Locations:

I understand and agree that I must disclose to Shore **any and all** locations that I may now or in the future operate to conduct any mortgage business. I also understand and agree that I am not permitted to open or operate any other branch or office conducting mortgage business, whether on behalf of Shore or any other person or entity, without the advance written consent of Shore, which may be granted or withheld in Shore's sole and absolute discretion. I further understand that a violation of this covenant shall constitute grounds to terminate any Branch Operation Agreement as well as any other agreement which may exist between the undersigned and Shore.

Signature of Branch Manager/Virtual Loan Officer

Date

Employee Disclosure:

- I am the only employee at my office or in my home working for or on behalf of Shore Financial Services, Inc. ("**Shore**") in connection with any mortgage transaction in which I am involved.

- I have listed the name and address of each of the employees who work with me on behalf of Shore below:

_____	_____
_____	_____
_____	_____
_____	_____

I understand and agree that I must disclose in writing to Shore each and every employee that works for or with me on behalf of Shore. I also understand and agree that I must promptly deliver to Shore any new employment application(s) taken at the Branch Office and obtain authorization in writing from Shore before hiring any employee. I further understand and acknowledge that the failure to disclose each and every employee or person conducting any part of a mortgage transaction on behalf of Shore or otherwise from the Branch Office or elsewhere shall constitute grounds for immediate termination and entitle Shore to exercise all other legal rights and remedies available to it.

Signature of Branch Manager/Virtual Loan Officer

Date

Ownership/Realtor Disclosure:

I am the owner or have an ownership interest in the following business(es):

I am a licensed real estate salesperson or broker, and my license is active with or held by:
_____;

I own/operate a loan modification center or debt consolidation service;

I hold the following active state licenses:

1. _____; 2. _____; 3. _____;

I do not have any ownership interest in any business & I am not a licensed real estate salesperson or broker.

I am not under investigation by any states or agencies at the time of this application.

I am not under investigation by any states or agencies at the time of this application.

I understand and agree that I must promptly notify Shore Financial Services, Inc. ("**Shore**") in writing if I am now, or in the future become, an owner or operator of any business or if I obtain reactivation of any real estate license.

Signature of Branch Manager/Virtual Loan Officer

Date

DISCLOSURE AND AUTHORIZATION FORM

Shore Financial Services, Inc., dba Shore Mortgage®, (the “Company”) may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

Kroll Factual Data, or another consumer reporting agency, will obtain the reports for the Company. Kroll Factual Data is located at 5200 Hahns Peak Drive, Loveland, CO 80538, and can be contacted at 800-929-3400. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company at: Shore Financial Services, Inc., attn: Human Resources, 770 Adams Rd., Birmingham, MI 48009, 248-433-3300. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as Kroll Factual Data, to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

I understand that all pre-employment screening activities are conducted in compliance with ADA, EEOC and the Fair Credit Reporting Act (FCRA) requirements. I fully release from liability the Company, and its representatives, for gathering and using such information of any and all claims, actions, or causes of action which may arise as a consequence of the release of such information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information or any other public records (such as driving records, liens, judgments, and sex offender status); (3) Credit reports, academic achievement, professional licensure, bankruptcy filings; (4) Previous incidents of alleged sexual or racial harassment; (5) Previous incidents of violent behavior and/or suspected dishonest acts; (6) Results of previous drug testing within the past two years if positive for illegal substances; (7) Eligibility for rehire and circumstances of previous separations from employment; (8) Social Security Number verification; and (9) Information concerning any or all worker’s compensation claims if a conditional offer of employment has been made. I request that any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company

contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries.

I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company. I further acknowledge that I have received a Summary of my Rights under the Fair Credit Reporting Act (FCRA).

Applicant Last Name _____ First _____ Middle _____

Social Security No.* _____ Date of Birth* _____

A social security number ("SSN") is necessary to complete a background check. Disclosure of your SSN is not required by law, but the Company cannot complete your application without a background check. Your SSN will be protected and remain confidential.

Present Address _____

City/State/Zip _____

Prior Addresses _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Driver's License # _____

Applicant Signature _____ Date _____

*** This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.**

**A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) PROMOTES THE ACCURACY, FAIRNESS, AND PRIVACY OF INFORMATION IN THE FILES OF CONSUMER REPORTING AGENCIES. THERE ARE MANY TYPES OF CONSUMER REPORTING AGENCIES, INCLUDING CREDIT BUREAUS AND SPECIALTY AGENCIES (SUCH AS AGENCIES THAT SELL INFORMATION ABOUT CHECK WRITING HISTORIES, MEDICAL RECORDS, AND RENTAL HISTORY RECORDS). HERE IS A SUMMARY OF YOUR MAJOR RIGHTS UNDER THE FCRA. **FOR MORE INFORMATION, INCLUDING INFORMATION ABOUT ADDITIONAL RIGHTS, GO TO WWW.FTCGOV/CREDIT OR WRITE TO: CONSUMER RESPONSE CENTER, ROOM 130-A, FEDERAL TRADE COMMISSION, 600 PENNSYLVANIA AVE. N.W., WASHINGTON, DC 20580.**

- ◆ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- ◆ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - ◆ a person has taken adverse action against you because of information in your credit report;
 - ◆ you are the victim of identity theft and place a fraud alert in your file;
 - ◆ your file contains inaccurate information as a result of fraud;
 - ◆ you are on public assistance;
 - ◆ you are unemployed but expect to apply for employment within 60 days.

- ◆ In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- ◆ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- ◆ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- ◆ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

- ◆ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- ◆ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ◆ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ◆ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ◆ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ◆ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051