

**Smart Solutions Financial Services, LLC**  
**Independent Contractor/Employment Application**

Please fill out all sections as completely as possible. All Answers must be truthful and honest. Any falsification of answers on this document can be grounds for disciplinary action up to and including termination of contractual/employment services. Felony convictions and persons suffering from substance abuse are not automatically disqualified from being employed or accepted as an independent contractor by *Smart Solutions* Financial Services, LLC management. However, *Smart Solutions* Management does reserve the right to disqualify any person for any reason except on the basis of race, religion, national origin, gender, national creed, familial status or handicap. By filling out this application, you give *Smart Solutions* Financial Services, LLC the right to investigate your background and this authorization shall not necessarily be limited to credit, police or character check. Fill out all items as applicable to you and put 'N/A' in blank spaces. (PLEASE PRINT). INITIAL HERE: \_\_\_\_\_

Applicant FULL Name (First Middle, Last): _____		Applicant Social Security Number: _____		Applicant Date of Birth: _____			
Applicant: Current & Complete Mailing STREET ADDRESS, CITY, STATE & ZIP: _____				Applicant: How Long At This Address? _____			
Home Phone Number (Including Area Code): _____		Cell Phone Number (Including Area Code): _____		Work Phone Number (Including Area Code): _____			
E-mail Address of Applicant (If Available) To Receive File Updates: _____			**E-mail Address of Co-Applicant (If Available) To Receive File Updates: _____				
Are You 18 Years Or Older? Yes No			What Is Your Credit Like? Good Fair Damaged				
Have You Ever Been Convicted Of A Felony? Yes No IF YES, PLEASE EXPLAIN: _____ _____							
Have You EVER Applied With This Company Before Now? Yes No			Are You Employed Now? Yes No				
Have You EVER Worked For This Company Before Now? Yes No			What Position Would You Like To Have? _____				
How Were You Referred To This Company? _____			Are (Or Will) You Enroll For Schooling? _____				
Highest Schooling You Have Accomplished? _____			Main Area Of Study In Higher Education? _____				
Are You Planning On Attaining ANY Of The Following Licenses?			Have You Ever Had A Licensed REVOKED? Yes No If Yes, Explain: _____				
[ ] Loan Officer Certification [ ] Real Estate Licensing							
[ ] Insurance Licensing [ ] Securities Licensing / If Yes, Type?							
Are You A US Citizen? Yes No			Have You Ever Served In The US Military? Yes No				
If No, Are You A Registered Foreigner With US Government? Yes No N/A			If Yes, Were You HONORABLY Discharged? Yes No				
Do You Declare You Have Legal Right To Work In The US? Yes No							
Name Of High School You Attended, (Street #, Street, City, State & ZIP): _____			Name of University/College You Attended, (Street #, Street, City, State & ZIP): _____				
What Hours Are You Available To Work? Monday: ____ to ____ Tuesday: ____ to ____ Wednesday: ____ to ____ Thursday: ____ to ____ Friday: ____ to ____ Saturday: ____ to ____							
Are You Willing To Work Weekends? Yes No			Are You Willing To Work Evenings? Yes No				
How Many Hours A Week Are You Willing To Dedicate To SSFS?			How Would You Rate Yourself With Promptness? [ ] Good [ ] Fair [ ] Need Work				
Are You In The Habit Of Making To Do Lists? [ ] Yes [ ] No [ ] Sometimes			How Quickly Do You Return Phone Calls?				
How Long Is Your "Typical Appointment?"			How Often Do You Surf The Net At Work? [ ] Often [ ] Sometimes [ ] Not Much				
If In Sales, What Task Most Time Consuming?			Have A Pet That May Take Precedence Over Your Job? [ ] Yes [ ] No				
Please Circle Any Strengths Or Experience You May Have:							
MS Word	Excel/Access	Business-To-Business Sales	Credit Repair	Sales	Law	Accounting	Lending
Computer Network	Web Design	Software Programming	Business Networking	Insurance	Bookkeeping	Real Estate Sales	Recruiting
Writing	Tele Sales	Dictation	Management	Real Estate Investing	Investments	Coaching	
Teaching	Credit Repair	Financial Consulting					
Previous Employer Name: _____				Previous Employer Name: _____			
Street Address: _____				Street Address: _____			
City, State & ZIP: _____				City, State & ZIP: _____			
Name Of Supervisor: _____				Name Of Supervisor: _____			
Employer Phone #: (_____) _____ - _____				Employer Phone #: (_____) _____ - _____			
Salary/Income: _____ Title? _____				Salary/Income: _____ Title? _____			
From: ____/____/____ To: ____/____/____				From: ____/____/____ To: ____/____/____			

Previous Employer Name: _____ Street Address: _____ City, State & ZIP: _____ Name Of Supervisor: _____ Employer Phone #: ( _____ ) _____ - _____ Salary/Income: _____ Title: _____ From: _____ / _____ / _____ To: _____ / _____ / _____	Previous Employer Name: _____ Street Address: _____ City, State & ZIP: _____ Name Of Supervisor: _____ Employer Phone #: ( _____ ) _____ - _____ Salary/Income: _____ Title? _____ From: _____ / _____ / _____ To: _____ / _____ / _____
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Please List At Least THREE Character References:

First & Last Name: _____ Street Address: _____ City, State & ZIP: _____ First & Last Name: _____ Street Address: _____ City, State & ZIP: _____ First & Last Name: _____ Street Address: _____ City, State & ZIP: _____	How Long Have You Known This Person? _____ Relationship To You? _____ Phone: ( _____ ) _____ - _____ How Long Have You Known This Person? _____ Relationship To You? _____ Phone: ( _____ ) _____ - _____ How Long Have You Known This Person? _____ Relationship To You? _____ Phone: ( _____ ) _____ - _____
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I, (Applicant) \_\_\_\_\_, have submitted the aforementioned answers to the best of my ability as accurately as I could to the very best of my belief and knowledge. Furthermore, I will forward Smart Solutions Financial Services, LLC a copy of a State Issued Identification Card or Driver's License and Social Security Card or Passport and a completed W-9. I understand my employment or contractual service agreement with *Smart Solutions* Financial Services, LLC is an "At Will" arrangement and that I (or Management of *Smart Solutions* Financial Services, LLC) can terminate my employment or independent contractor status at any time with or without prior notice. I also understand that my loyalty and integrity with regard to working for *Smart Solutions* Financial Services, LLC is paramount to its continued success. I promise not to divulge or use confidential, sensitive information concerning *Smart Solutions* Financial Services, LLC in any way to cause harm or use such information to benefit competitive companies of *Smart Solutions* Financial Services, LLC. Also, any dispute I may have with *Smart Solutions* Financial Services, LLC must be resolved by arbitration. Any expenses I incur while working for *Smart Solutions* Financial Services, LLC are my own unless otherwise express, written authorization is provided by *Smart Solutions* Financial Services, LLC management prior to making purchases of any supplies. I also promise to act ethically in the execution of all my duties and dealings and to carry such duties out in a manner consistent with preserving *Smart Solutions* Financial Services, LLC and myself from any and all harm:

Applicant (PRINTED) First, MI & Last Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant: E-Mail this document to: [MHathman@charterinternet.com](mailto:MHathman@charterinternet.com)  
 Fax to: (314) 754-2660  
 Via USPS (or via hand deliver):  
*Smart Solutions* Financial Services, LLC  
 9369 Olive Blvd, Suite 200  
 Saint Louis, MO 63132

**OFFICE USE ONLY**

Management Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant has submitted a copy of:  Valid Driver's License/State Issued Identification Card  
 Social Security Card  
 W-9 Form

Other Verification Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

First Interview By: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Approved? Yes No  
 Second Interview By: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Approved? Yes No  
 Third Interview By: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Approved? Yes No

Applicant:  Hired  Declined  Commission  Commission + Base  Hourly  
 Position: \_\_\_\_\_ Rate: \_\_\_\_\_  
 Will Report: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or Will Work From This Location: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_ or \_\_\_\_\_