



APPLICATION FOR EMPLOYMENT

All applicants will be considered for positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally-protected status.
WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.
 Failure to do so may affect your eligibility for employment.**

PLEASE TYPE OR PRINT LEGIBLY

Position Applied for (be specific):			
Salary Desired (be specific):		Date of Application:	

HOW DID YOU LEARN ABOUT US? (PLEASE CHECK A BOX)

	Advertisement		Walk-in		Employment Agency		Department of Labor (Unemployment)
	Referral (by whom?):						
	Other:						

PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Street Address:					
City:		State:		Zip:	
Home Phone:		Work Phone:		Cellular Phone:	
Email Address (1):			Email Address (2):		

PLEASE ANSWER THE FOLLOWING QUESTIONS

If you are under 18 years of age, can you provide required proof of your eligibility to work?		YES		NO						
Have you ever applied for work with Sofer Advisors, LLC of Atlanta before?		YES		NO						
If YES, When and Where?										
Have you ever been employed by us before?		YES		NO						
If YES, When and Where?										
Have you any friends or relatives in our employ?		YES		NO						
If YES, please provide name(s):										
If hired, can you provide proof of authorization to work in the United States?		YES		NO						
Are you able to perform the essential functions of the job, with or without accommodation?		YES		NO						
Are you currently employed?		YES		NO						
If YES, may we contact your current employer?		YES		NO						
When are you available to begin work?										
Work Availability:		Full-Time		Part-Time		Remote		In Person		Intern
If hired, can you provide proof of a valid driver's license and proof of insurance if requested?		YES		NO						

EMPLOYMENT EXPERIENCE

YOU MUST COMPLETE THIS SECTION EVEN IF YOUR RESUME IS ATTACHED.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or any other legally protected status.

Employer:		Start Date:		End Date:	
Address:					
Contact Phone:		Job Title:			
Summary of Duties:					
Reason for Leaving:					
Supervisor Name:		Supervisor Job Title:			

Employer:		Start Date:		End Date:	
Address:					
Contact Phone:		Job Title:			
Summary of Duties:					
Reason for Leaving:					
Supervisor Name:		Supervisor Job Title:			

Employer:		Start Date:		End Date:	
Address:					
Contact Phone:		Job Title:			
Summary of Duties:					
Reason for Leaving:					
Supervisor Name:		Supervisor Job Title:			

If you need additional space, please continue on a separate sheet of paper.

SPECIALIZED SKILLS (Please describe)

Software Programs	
Specialties	
Marketing	
Social Media	
Other	

EDUCATION

	Name and City of School	Focus of Study	Years Completed	Diploma/Degree
High School				
Vocational				
College/University				
	Type		Year Received	
Licenses/Certifications:				

FOR POSITIONS WHERE DRIVING FOR THE COMPANY IS REQUIRED

Driver's License #:		State Issued:	
Number of moving violations in the past 5 years:		State of Citations:	
Number of accidents in the last 5 years:		State of Incident:	
Has your license been revoked in the last 5 years?		YES	NO

PLEASE ADD ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.



**Please read carefully and sign where indicated.
UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED**

I declare under penalty of perjury that the facts contained in this application are true and complete to the best of my knowledge. I understand that any material omission and/or false or misleading information given in my application (and accompanying resume, if any) may disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I authorize any person, school, current employer (except as expressly noted), past employer(s), and organization named in this application form (and accompanying resume, if any) to provide Sofer Advisors, LLC with relevant information and opinions that may be useful in making a hiring decision. I understand that as a condition of employment, a post-offer, pre-hire criminal background investigation may be conducted. I release all parties from all liability for any damage that may result from furnishing information and opinions to you.

I agree that if hire, my employment and compensation is at will and may be terminated with or without cause, and with or without notice, at any time at the option of myself or Sofer Advisors, LLC. I agree that no agreement which is contrary to this at-will employment relationship shall be effective unless it is contained in a specific, express written contract which is signed by the Founder of Sofer Advisors, LLC and me.

Any offer of employment may be conditioned upon the applicant signing Sofer Advisors, LLC's Confidentiality and Non-Disclosure Agreement. I agree not to disclose to any third-party proprietary or confidential information that was either intentionally or unintentionally obtained during my interview process with Sofer Advisors, LLC. I understand that any employment offer is conditioned upon satisfactory proof of my identity and legal ability to work in the United States in accordance with the Immigration Reform and Control Act of 1986 and its amendments.

If requested by management at any time, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job for which I am being considered prior to employment or, in the future, during my employment. I consent to take a medical examination by a qualified physician and understand I may be required to pass a drug test administered by a facility of Sofer Advisors, LLC's choice.

If employed, I understand that as a condition of employment, no employee may use, possess, distribute, manufacture, dispense, or sell alcohol or any illegal drug while on the property of Sofer Advisors, LLC or any of its customers, while on duty, while on call status, or while operating a vehicle while performing work for Sofer Advisors, LLC. In addition, no employee may report for work, or go or remain on duty or on on-call status, while under the influence of or impaired by any illegal drug or alcohol. I understand that I may be required to submit to a post-offer, pre-employment drug screening prior to eligibility to work. If I return a positive on the screen results, I may not be eligible for hire at Sofer Advisors, LLC and my offer of employment may be rescinded.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. I understand that this is an application for employment and that no employment contract is being offered, and that if I am employed, such employment is for no definite period of time and that Sofer Advisors, LLC may change wages, benefits, and conditions at any time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that if employed, I am required to abide by all rules and regulations of Sofer Advisors, LLC.

I have read, understand, and agree to the terms as described above.

Signature of Applicant

Date

This document is the property of Sofer Advisors, LLC and may not be removed from the premises or duplicated without express written authorization.