



**SALES ASSOCIATE APPLICATION**  
 (All information held in confidence)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? \_\_\_\_\_ Phone \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_

If associated with this firm, can you verify your legal right to work in the U.S.? \_\_\_\_\_

Referred to firm by \_\_\_\_\_

**STARTING WITH MOST RECENT ADDRESS, SHOW FORMER  
 ADDRESSES FOR LAST 5 YEARS**

Dates		Address
From	To	

**GENERAL INFORMATION**

Are you familiar with the irregular hours and weekends you will be working?  YES  NO  
 And the irregular earnings?  YES  NO  
 Are these acceptable to you?  YES  NO  
 Do you have any family problems which might interfere with your work? \_\_\_\_\_

Indicate for how long you are in a position to financially sustain yourself:  3 months  6 months  1 year  other \_\_\_\_\_

Will you devote full-time to a career in real estate?  YES  NO

What total annual earnings do you expect to receive from selling real estate? \_\_\_\_\_

Why do you want to join our organization? \_\_\_\_\_

Are you willing to abide by our rules and policies?  YES  NO  
 Are you willing to devote a reasonable time to learn the basics of the real estate business?  YES  NO  
 If associated with us, will you join the local board of REALTORS®?  YES  NO

Have you ever been associated with us before?  YES  NO

Dates: \_\_\_\_\_ Positions: \_\_\_\_\_

Are you acquainted with any of our associates?  YES  NO

If so, list names: \_\_\_\_\_

When can you begin work? \_\_\_\_\_

Bonding may be a condition of hire. Is there any reason that you cannot secure bond?  YES  NO

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony, or within the last five years a misdemeanor which resulted in imprisonment?

(Such convictions will not necessarily disqualify applicant from the job applied for.)  YES  NO

List any additional information or comments which should be considered in evaluating your qualifications for work with our firm: \_\_\_\_\_

**PERSON TO NOTIFY IN EMERGENCY**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**EDUCATION**

Type of School	Name & Address of School	Major	Highest Grade Completed
Preparatory/High School			
College			
Other			

What specific courses have you had in the real estate field? \_\_\_\_\_

**REAL ESTATE EXPERIENCE**

(To be completed only if you have previous real estate experience.)

Do you have a real estate salesman's license? \_\_\_\_\_  
Number

When were you first licensed? \_\_\_\_\_

Brokers license? \_\_\_\_\_ Insurance license? \_\_\_\_\_  
Number Number

Are you or have you been a member of a Board/Association of REALTORS®?  YES  NO

Which Board/Association? \_\_\_\_\_ Membership Dates? \_\_\_\_\_

With what region in this market area are you most familiar with? \_\_\_\_\_

Which territory do you prefer? \_\_\_\_\_

Which of the following kinds of negotiations are you most successful?  Apartment Buildings  Residential  Farms

Industrial  Commercial  Leasing  Cooperatives  Condominiums  Other \_\_\_\_\_

List the individuals in our firm with whom you have had cooperative real estate transactions: \_\_\_\_\_

How many of your listings closed in the past year? \_\_\_\_\_

How many listings have you had in past year? \_\_\_\_\_ Past two years? \_\_\_\_\_

How many closed transactions have you had in past year? \_\_\_\_\_ Past two years? \_\_\_\_\_

What was your total dollar volume of listings closed for the past year? \_\_\_\_\_ Past two years? \_\_\_\_\_

What was your total dollar volume of your closed sales transactions for the past year? \_\_\_\_\_ Past two years? \_\_\_\_\_

**EMPLOYMENT RECORD**

(Beginning with present or most recent employer, account for all time during last 5 years.)

Dates Employed: From: _____ To: _____
Name of Company: _____
Nature of Business: _____
Address: _____ Telephone No.: _____
Job Title: _____ Supervisor: _____
Earnings: _____ Reason for Leaving: _____
Dates Employed: From: _____ To: _____
Name of Company: _____
Nature of Business: _____
Address: _____ Telephone No.: _____
Job Title: _____ Supervisor: _____
Earnings: _____ Reason for Leaving: _____
Dates Employed: From: _____ To: _____
Name of Company: _____
Nature of Business: _____
Address: _____ Telephone No.: _____
Job Title: _____ Supervisor: _____
Earnings: _____ Reason for Leaving: _____
Dates Employed: From: _____ To: _____
Name of Company: _____
Nature of Business: _____
Address: _____ Telephone No.: _____
Job Title: _____ Supervisor: _____
Earnings: _____ Reason for Leaving: _____

Are you employed at present?  YES  NO

May inquiries be made of your present or most recent employer?  YES  NO

Who is most familiar with your work there? \_\_\_\_\_

**ORGANIZATIONAL ACTIVITIES**

List job-related organizations, clubs, professional societies or other associations to which you belong. You may omit those which indicate race, religious creed, color, national origin, ancestry, sex, or age.

Name of Group	Type of Organization such as Business, Social, or Service	Location of Activity	Offices Held	Meeting Per Month

What are your hobbies? \_\_\_\_\_

**REFERENCES**

List 4 persons willing to provide professional and/or character references (excluding relatives or previous employers).

Name	Telephone	Address	Occupation

**AUTOMOBILE**

Do you own a car?  YES  NO      Make \_\_\_\_\_ Year \_\_\_\_\_

How long have you driven a car? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_  
(State and Number)

Have you had an accident in the last three years?  YES  NO      If so, give details \_\_\_\_\_

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. THE STATEMENTS AND ANSWERS TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MATERIAL MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Interview by: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Date associated: \_\_\_\_\_ Office: \_\_\_\_\_

Date scheduled to begin: \_\_\_\_\_ Contact: \_\_\_\_\_

Date actually began: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date of approval of contract: \_\_\_\_\_

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