EMPLOYMENT APPLICATION

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our Company fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Company maintains a smoke- free workplace.

COMPANY NAME:		
POSITION APPLIED FOR:		
DATE:		
PERSONAL DATA		
Salary expectations:		
Name:	1 1	
Last	Middle	First
Street Address:		
City:	- State:	Zip Code:
Telephone:		
If you are under 18 years of age, please s (This information will be used only for		
Are there any days, shifts or hours you w	vill not work? Yes	No
If yes, please explain:		
Are you available for out of town work?	Yes No	
Will you work overtime, if required?	Yes No	
When will you be able to start work?		
Have you ever been found at fault in a c ful act)? Yes No	civil action for an intentiona	l tort (intentional commission of a wrong-













Global Financial Private Capital, is an SEC registered investment adviser principally located in Sarasota, Florida. Investment Advisory Services offered on a fee basis through Global Financial Private Capital. LLC. Securities offered through GF Investment Services. LLC. Member FINRA/SIPC.

Note: Answering "yes" does not automatically exclude you from further consideration for the position.
If yes, include nature of the intentional tort and the disposition of the action:
How did you learn of our Company?
If referral, who were you referred by?
Have you ever applied or worked at our Company before? Yes No
If yes, provide dates:
Are you legally authorized to work in the United States? Yes No
Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?
Yes No
Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eli-
gibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning
work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educa- tional Institution	Gradi Yes	ıated No	If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
High School							
College or University							
Technical/GED							
Licenses/ Certification/Other							













EMPLOYMENT HISTORY

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name:	Telephone:
Address:	
Name of Supervisor:	May we contact: Yes No
Dates Employed: From:To:	Rate of Pay: Start: Last:
State job titles and describe job duties:	
Company Name:	Telephone:
Address:	
Name of Supervisor:	May we contact: Yes No
Dates Employed: From:To:	Rate of Pay: Start: Last:
State job titles and describe job duties:	
Reason for leaving:	
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Company Name:	Telephone:
Address:	
Name of Supervisor:	May we contact: Yes No
Dates Employed: From:To:	Rate of Pay: Start: Last:
State job titles and describe job duties:	
Reason for leaving:	
Company Name:	Telephone:
Address:	
Name of Supervisor:	May we contact: Yes No
Dates Employed: From:To:	Rate of Pay: Start: Last:
State job titles and describe job duties:	
Reason for leaving:	











Have you ever been discharge	d or forced to re	esign? Y	es No			
If yes, explain:						
Did you receive any discipline	in your last 12	months of activ	e employment w	vith your j	previous en	nployer?
Yes No If yes, pleas	se explain:					
Were you given a performance	e evaluation wit	thin the last 12 r	months of active	employm	ent? Y	Zes N
If yes, what was the range of s	cores used and	what was your s	core?			
restrict you from working for Yes No If yes, plea			iired to furnish a		C	ent)?
	•	not related to yo	·	ur qualific		t
REFERENCES (Please lis	t three persons	not related to yo	ou who know you PHONE	ur qualific	rations.) Relation	SHIP
	•	not related to yo	·	ur qualific		SHIP
	•	not related to yo	·	ur qualific		SHIP
REFERENCES (Please lis	•	not related to yo	•	ur qualific		SHIP
	•	not related to yo	•	ur qualific		SHIP
	•	not related to yo	•	ur qualific		SHIP
Name	ADDRESS		•	ur qualific		SHIP
NAME WILITARY (Complete only	if you served in	n the military.)	PHONE		RELATION	
MILITARY (Complete only Branch of Service:	if you served in	n the military.) —— Number o	PHONE Years /Months of	of Service:	RELATION	
MILITARY (Complete only Branch of Service: Rank at Discharge:	if you served in	n the military.) —— Number o —— Date of D	F Years /Months of scharge:	of Service:	RELATION	
	if you served in	n the military.) —— Number o —— Date of D	FYears /Months of scharge:	of Service.	RELATION	











APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize this Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Signature:	Date:
oignature.	Datc









