

NUSOURCE FINANCIAL LLC

Employment Application

An Equal Employment Opportunity / Affirmative Action Employer

Please complete all portions of this application. If you are unable to recall specifically any item of information requested, please so indicate.

PERSONAL DATA

LAST NAME FIRST NAME MIDDLE TODAY'S DATE
/ /

PLEASE INDICATE ANY OTHER NAMES YOU HAVE USED IN PREVIOUS EMPLOYMENT OR SCHOOLING (FOR REFERENCE PURPOSES).

SOCIAL SECURITY NUMBER

STREET ADDRESS CITY STATE ZIP CODE

HOME PHONE MESSAGE PHONE EMAIL ADDRESS
() ()

If hired, can you provide proof of your legal right to work in the U.S.? Yes No

Are you at least 18 years of age? Yes No If you are underage will you be able to, upon employment submit a work permit? Yes No

Position applied for: Expecting Starting Salary: Are you currently employed? Yes No
\$ Per hour/year If hired, when could you start?

How did you learn of this job?

- Walk In Rehire
 Company employee (name and location) Agency
 Advertisement Other

Have you ever applied to this Company or an affiliate? Yes No

Company Name: Location: When:

Have you ever been employed by this Company or an affiliate? Yes No

Company Name: Location: When:

List any friends or relatives employed by the Company or an affiliate: Not applicable

1. Name Location Relationship
2. Name Location Relationship
3. Name Location Relationship

Person to notify in the event of an emergency (daytime address and phone number)

Name Address Telephone

Do you require any accommodation to take employment tests or participate in an interview? If so, please specify what accommodations you need.

SKILLS

List any skills or special qualifications (including languages) that may assist you in the performance of the job for which you have applied

EMPLOYMENT HISTORY - Begin with most recent employer. *Account for any periods of time not employed.

Employer _____ Type of Business _____ Employed From: Month/Year / to Month/Year /

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Beginning Title _____ Present Title _____

Job Duties: _____

Immediate Supervisor's Name _____ Position Title _____ May we verify employment? Yes No

Reason for leaving: Resigned Laid off Discharged Other
 Explain: _____

Employer _____ Type of Business _____ Employed From: Month/Year / to Month/Year /

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Beginning Title _____ Present Title _____

Job Duties: _____

Immediate Supervisor's Name _____ Position Title _____ May we verify employment? Yes No

Reason for leaving: Resigned Laid off Discharged Other
 Explain: _____

Employer _____ Type of Business _____ Employed From: Month/Year / to Month/Year /

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Beginning Title _____ Present Title _____

Job Duties: _____

Immediate Supervisor's Name _____ Position Title _____ May we verify employment? Yes No

Reason for leaving: Resigned Laid off Discharged Other
 Explain: _____

***Account for any periods of time when not employed more than 90 days:**

DATE		ACTIVITY
Month/Year /	Month/Year /	
/	/	
/	/	
/	/	

EDUCATION RECORD

Are you a high school graduate or do you possess a GED? Yes No If No, highest grade completed? _____

CIRCLE HIGHEST YEAR COMPLETED	SCHOOL	CITY AND STATE	MAJOR AREA OF STUDY	DIPLOMA/DEGREE RECEIVED
High School				
Trade/Bus. School 1 2 3 4				

College	1 2 3 4			
Graduate School	1 2 3 4			

Professional Licenses or Certifications held:

List any other related training or education:

U.S. MILITARY SERVICE

Branch of service

Final Rank

Duties / special training

PROFESSIONAL REFERENCES

List professional references that are familiar with the quality of your work, have worked directly with you, and have known you at least two years. Do not include relatives.

1. Professional Reference

Work Phone
()

Home Phone
()

Street Address

City

State

Zip Code

How do you know this reference?

2. Professional Reference

Work Phone
()

Home Phone
()

Street Address

City

State

Zip Code

How do you know this reference?

3. Professional Reference

Work Phone
()

Home Phone
()

Street Address

City

State

Zip Code

How do you know this reference?

Background Investigation

I recognize that any misrepresentation or omission of fact on this application may result in my immediate dismissal. I authorize the companies, schools, entities and persons named above and all others for whom I have worked to release any information that they may have about me.

I understand that my employment is subject to background investigation. This investigation may cover employment, education, credit, Department of Motor Vehicles, criminal record checks, and finger printing. I understand that the information obtained from this investigation will be confidential, but acknowledge that such information will be disclosed to others on a need-to-know basis as appropriate. I further understand that my authorization to allow this investigation will apply to and allow the Company to conduct the background checks and investigation prior to, in conjunction with or after I am hired. This means that the Company will be able to use my authorization to conduct one or more background checks and/or investigations in order to ensure and update periodically my personnel history.

Employment-At-Will Agreement:

Further, I understand that employment at the Company and any of its parent, affiliated or successor companies, is on an "employment-at-will" basis and thus agree that, if I am hired by the Company, my employment is for an indefinite period and may be terminated at any time, for any reason or for no reason, with or without cause, by me or the Company without prior notice. I further understand and agree that, although other terms and conditions of my employment may change, this "employment-at-will" relationship will remain in effect throughout my employment with the Company and any of its parent, affiliated or successor companies, unless it is specifically modified by an express written contract that is signed by the Chief Executive Officer of the Company and me. This at-will employment relationship may not be modified by an oral or implied agreement by any person, statement, act, series of events or patterns of conduct. I hereby acknowledge that these statements about the at-will nature of employment at the Company constitute the complete understanding between the Company and me regarding this subject.

Controlled Substances (drugs, alcohol and other intoxicants):

I understand that as a condition of my consideration for employment and my continuing employment the Company reserves the right in its sole discretion at any time to require my submission to one or more tests to identify the use of or exposure to any controlled substance. I further understand that failure or refusal to submit to any controlled substance test when and as instructed by the Company will result in discontinued consideration of my application or immediate termination of my employment. I also understand that the possession, use, sale, purchase and/or being under the influence of a controlled substance (i) when required to perform my job duties, (ii) on any company property, (iii) at a company sponsored event or (iv) when in possession of a company owned, leased or rented vehicle, will result in my immediate termination. By my signature below I consent to all such controlled substance tests and acknowledge that the Company is a Zero Tolerance Drug Free Workplace.

Other Employment Terms:

I understand that the Company reserves the right to manage, discipline, and terminate employees in the manner that management determines to be appropriate. As a condition of employment, I understand that I will be required to sign certain agreements including the Mutual Agreement to Arbitrate Claims and the Company Proprietary Information and Inventions Agreement as a condition of employment.

I understand that all offers of employment will be in writing, setting forth the terms and conditions of employment at the Company. No person is authorized to make an oral offer of employment on behalf of the Company. I understand that I should not take any action in reliance on any oral statements about future employment made by any Company representative during the interview process.

By submitting this Application, I understand and certify that the information is true and correct, whether I submit this Application via email, fax, hand-deliver or other written or recorded means.



**All Company facilities are non-smoking environments.
Smoking is prohibited within these facilities.**

I certify that all information contained in this application is true and correct. In addition, I agree to all the terms outlined herein.

Signature

Date

NuSource Financial LLC
Consent to Submit to Controlled Substance, Illegal Drug and/or Alcohol Testing

NuSource Financial LLC maintains a drug and alcohol-free workplace, and does not tolerate the unlawful use of drugs or controlled substances by its employees, or any employee working while under the influence of alcohol.

I acknowledge that, as a condition of my employment the Company will require that I submit blood, urine, breath and/or hair samples, so that the Company (or its designated agent) can determine whether I have engaged in the unlawful use of controlled substance(s) and/or drugs. I understand that the testing is voluntary on my part. This testing is voluntary, and I may refuse to submit to it. However, if I refuse to submit to testing I will not be permitted to become an employee of the Company.

I also understand that during my employment, the Company may request that I submit to testing, on a 'for cause' basis (at the discretion of the Company), to determine whether I have engaged in the unlawful use of controlled substances and/or drugs, or whether I have used or am under the influence of alcohol while at work. This testing is voluntary and I may refuse to submit to this testing. However, I also understand that such refusal may be grounds for discipline up to and including termination.

I further understand that there are laws which protect the information disclosed from those tests. I agree and consent to the release of the test results to the Company Human Resources Department, and that positive test results may result in my being referred for rehabilitation assistance and, at the Company's sole discretion, in being disciplined up to and including termination.

With full knowledge of the foregoing, I hereby agree to submit to drug and/or alcohol testing, and that the results of such tests shall be the property of the Company and shall not be released to third parties. I hereby release the Company unless required by State or Federal statutes and hold it harmless for the test and any results therefrom. I acknowledge that I have the right to be tested at an independent lab at my sole expense.

I have read and understand the foregoing and sign this consent and agreement of my own free will.

Signature

Date

Printed name