



RECRUITING DEPARTMENT
6660 S. SHERIDAN RD., STE 260
TULSA, OK 74133-1766
918-492-9484

Pre-Employment Verification Authorization

Disclosure- Fair Credit Reporting Act

As a matter of company policy, we conduct a credit check of all applicants prior to further consideration for association. We will also check your status with applicable regulatory authorities including the FINRA/NASSA Central Registrations Depository and conduct a criminal background check consistent with our obligation pursuant to the fair Credit reporting Act. We hereby disclose our intention to obtain a consumer credit report in connection with your request for registration and/or submission of Form U-4 Uniform Application for Securities Industry Registration.

Name: _____ CRD # _____

Current Address: _____

City, State, Zip: _____

Social Security Number: (Required) _____ Date of Birth: (Required) _____

I hereby authorize First Independent Financial Services, Inc. and any of its affiliates (FIFS) to contact any person, educational institution, or company I have listed as a reference on my employment application.

I authorize any person, educational institution, or company I have listed as a reference to disclose in good faith any information they may have regarding my qualifications for employment.

I acknowledge receipt of the Fair Credit Reporting Act disclosure, and I authorize FIFS to access the following reports in connection with the employment process:

1. Credit Report
2. FINRA Registration Form U-4 (CRD Pre-hire Check)
3. Government Lists of Known or Suspected Terrorists
4. Criminal Background Report
5. Bankruptcy Check
6. Civil Court Check
7. McDonald's Report

I will not hold FIFS, any former employers, educational institutions, or other persons providing information liable for the verification and exchange of information incidental to the employment process.

I certify that the Social Security number shown on this form is my correct taxpayer identification number.

Signature

Date

Past Legal/Regulatory History

Please answer "No" to those questions for which "No" is the only possible answer, answer "Yes" to all others.

- Yes No 1. Have you ever been the subject of (or involved in) any action or investigation by the FINRA or SEC?
- Yes No 2. Have you ever been the subject of (or involved in) any action or investigation by a state regulatory authority?
- Yes No 3. Have you ever declared bankruptcy or been denied bonding?
- Yes No 4. Are there any questions on the form U-4 to which you may have to answer "Yes"?
- Yes No 5. Will your termination from your current Broker/Dealer be for any reason other than a voluntary termination?

Previous Employment Contact List

In accordance with Section 15B of Form U-4, provide the information below on your prior employment for the past 3 years:

Company Name	Address	Telephone	Supervisor's Name

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I certify that the Social Security number shown on this form is my correct taxpayer identification number.

Signature

Date

Personal/Business Profile

This section must be completed in its entirety in order for First Independent to determine if a mutually beneficial relationship exists.

Personal:

Full Name: _____ Birth Date: _____

Residence Address: _____

Business Address: _____

Mailing Address (only if different than above):

Business Phone: (____) _____ Fax: (____) _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Do you object to having your GDC published? Yes No

How do you present yourself to clients, i.e., Stockbroker, Financial Planner, Investment Adviser, Registered Representative, etc.?

What are you lacking in your current broker/dealer association that you wish to find in a change?

What do you consider most important in your new broker/dealer affiliation?

Services You Desire (Check most important)

_____ Asset Management Services
_____ Communications
_____ Due Diligence On All Products
_____ Financial Planning Services
_____ Marketing Support Services

_____ Muni. & Corp. Trading Desks
_____ Product Information
_____ Stock Trading Desk
_____ Other _____

Professional Licenses/Designations and RIA Activities:

Securities Series: 1 or 7 6 63 65/66 22 24 Other _____

What States? _____

Insurance Licenses: Life Accident & Health VA VUL P&C Other _____

Professional Designations: CFP ChFC CLU Other _____

Do you have your own RIA? Yes No

Gross commission earned from various products sold during the past twelve months: **(be specific)**

List and OTC Stocks	\$ _____	Public/Private LP's	\$ _____
Municipal Bonds	\$ _____	Variable Annuities	\$ _____
Corporate Bonds	\$ _____	Variable Life	\$ _____
Government Bonds	\$ _____	Fixed Annuities	\$ _____
Mutual Funds	\$ _____	Fixed Life Insurance	\$ _____
UIT's	\$ _____	Fee Income	\$ _____
		Total Commission	\$ _____

Other sources of income:

Source _____ \$ _____

Source _____ \$ _____

Your Business Plans for the Next Twelve Months:

	Gross Commission Goals (by product)		
Listed & OTC Stocks	\$ _____	Variable Annuities	\$ _____
Bonds	\$ _____	Fixed Annuities	\$ _____
Mutual Funds & UITs	\$ _____	Life Insurance	\$ _____
Public & Private LPs	\$ _____	Fee Income	\$ _____
Variable Life	\$ _____		
		Total Commission	\$ _____

Proof of GDC or Past Income

Please attach copies of your last three years' year-end commission statement showing total Gross Dealer Concession.

Proof of production is necessary to qualify for higher than minimum (50%) payout levels.