

Professional References

Please provide all contact information.

Name	Address	City	State	Zip	Phone

Include any other information you think would be helpful to us in considering you as an instructor, such as additional work experience, articles/books published, activities, accomplishments, certifications or licenses.

Note: Resumes may be attached; however, a resume may not be substituted for this application and the application must be completed in its entirety or it may be rejected. Please answer all questions to the best of your ability. Applicants must be able to document U.S. Citizenship or eligibility for employment if hired.

I certify that all of the statements in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize Primus Services Group LLC or its designee to investigate all statements and information provided on this application or attached thereto. I understand that false information or the omission of relevant information may be grounds for rejection of my application and/or dismissal. I release from all liability and agree to hold harmless, all former employers, references, and persons providing information about my experience, education and abilities.

Equal Opportunity Employer

Signature _____ Date _____

CRIMINAL BACKGROUND INVESTIGATION

Disclosure

In order to meet the Nationwide Mortgage Licensing System and Registry requirements the TMBA and our third party contractor Primus Services Group require a credit check and criminal background investigation as a condition as an instructor for the Contractor. A third party Consumer Reporting Agency conducts these investigations. The information contained in the reports may be used for the purpose of evaluating you as an instructor. You may request additional disclosures about the nature and scope of the investigation as well as a written copy of your rights under the Fair Credit Reporting Act. If any adverse action is proposed based upon the information in the reports, you will be notified and provided a copy of the report(s) and an opportunity to dispute inaccurate or incomplete information.

Authorization

I hereby authorize Primus Services Group LLC and its agents to obtain a credit report on me and any criminal history information pertaining to me including outstanding warrants, charges and dispositions of any felony or misdemeanor charge which may be found in the files of any state or local criminal agency or court.

FULL LEGAL NAME:

(First): _____ (Middle): _____

(Last): _____ (Maiden/Alias): _____ (Required)

Address: _____

Social Security Number: _____

Drivers License Number and State of Issuance: _____

For identification purposes only:

Date of Birth (month, day and year): _____

Race _____

Gender _____

Signature _____ Date _____

*Please fax this form to Primus Services Group LLC at (972) 393-3668 or you can mail it to:
Primus Services Group LLC - 1431 E Sandy Lake Rd - Coppell, TX 75019-3120*