



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

Phone:

Fax:

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 _____

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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