



## New Broker Profile

**Please complete and return to licensing and registration department.  
nancy@cprinvestmentsinc.com or fax: 586-580-9293**

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DOB: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

BUSINESS ADDRESS (all securities-related correspondence will be sent here):  
\_\_\_\_\_

HOME ADDRESS (information needed to complete background checks):  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ work FAX NUMBER: \_\_\_\_\_ work

CELL NUMBER: \_\_\_\_\_ CRD NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

ROLE WITH AUSDAL: \_\_\_\_\_  
(Registered Representative or Registered Sales Assistant)



**Please provide detail information to any YES answer on the last page of this document.**

Have you filed bankruptcy in the last ten (10) years?

\_\_\_\_ YES                      \_\_\_\_ NO

Do you have any unsatisfied judgment or lien?

\_\_\_\_ YES                      \_\_\_\_ NO

Have you entered into any compromises with creditors in the last ten (10) years?

\_\_\_\_ YES                      \_\_\_\_ NO

Have you ever been arrested?

\_\_\_\_ YES                      \_\_\_\_ NO

Have you ever been charged with a felony?

\_\_\_\_ YES                      \_\_\_\_ NO

Have you ever been convicted of a felony?

\_\_\_\_ YES                      \_\_\_\_ NO

Do you have any closed regulatory examinations; regulatory investigations; civil, private or regulatory litigation?

\_\_\_\_ YES                      \_\_\_\_ NO

Do you have any open regulatory examinations; regulatory investigations; civil, private or regulatory litigation currently on-going/pending?

\_\_\_\_ YES                      \_\_\_\_ NO

Have made political contributions within the last 2 years? If you have made political contributions please identify to whom the contribution was made, date contribution was made and the amount of the contribution. This includes an incumbent, candidate or successful candidate for elective office of a government entity. A contribution includes a gift, subscription, loan, advance, deposit of money, or anything of value; including transition or inaugural expenses. Please give specific information regarding the contribution on the last page of this document.

\_\_\_\_ YES                      \_\_\_\_ NO

Have ever made a loan to an existing client? Please give specific as to whom, date and amount and if the loan has been paid in full.

\_\_\_\_ YES                      \_\_\_\_ NO

I hereby authorize Ausdal Financial Partners, Inc. to use my personal information to conduct a pre-employment search of my FINRA/CRD record and any other background check with services that includes, but is not limited to firms such as LexisNexis, etc. This authorization may be conducted at time of employment, as well as various times while I am associated with Ausdal Financial Partners, Inc.

I hereby consent and authorize Ausdal Financial Partners, Inc. to disclose any information from the results of the background checks conducted above with the hiring/recruiting representative in regards to my qualifications for employment.

\_\_\_\_\_  
Registered Representative Signature

\_\_\_\_\_  
Date



**RELEASE AUTHORIZATION AND FAIR CREDIT REPORTING ACT DISCLOSURE  
[FOR EMPLOYMENT PURPOSES]**

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

**By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.**

**For Maine and New York Applicants Only**

Upon request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

**Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.**

**For Washington Applicants Only**

The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 541, Southampton, PA, 18966; for consumer compliance officer contact 800-260-1680.

**For California, Minnesota, and Oklahoma Applicants Only**

A consumer credit report will be obtained through Business Information Group, P.O. Box 541, Southampton, PA, 18966.

**\*California applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes \_\_\_\_\_ No \_\_\_\_\_  
                  Initials                   Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes \_\_\_\_\_ No \_\_\_\_\_  
                  Initials                   Initials

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

