



# Application for Employment

XINNIX  
3820 Mansell Rd  
Suite 280  
Alpharetta, GA 30022

678.325.3500 *Main*  
678.325.3539 *Fax*  
XINNIX.com

**XINNIX, The Mortgage Academy of Excellence**



Energizing people.  
Elevating results.

**Employment Application**  
(Please type or print with blue or black ink)

**PERSONAL INFORMATION**

<b>Name</b>	<b>Social Security Number</b>
<div style="display: flex; justify-content: space-between;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	<div style="text-align: center;">             --      --              _ _ _ _ _    _ _ _ _ _    _ _ _ _ _           </div>
<b>Permanent Street Address</b> (No P.O. Boxes, please)	
Street	City
State	Zip Code
<b>Phone Number</b>	
(      )	
Area Code & Phone Number	
<b>Please list all other addresses where you have lived in the past 5 years:</b> (Please use reverse side of application to list more than three residences, if required)	
Street	City
State	Zip Code
Street	City
State	Zip Code
Street	City
State	Zip Code
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No How did you hear about us? If by a XINNIX employee, please list name: _____ Do you have any relatives that are current or past employees of XINNIX? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name: _____	

**EMPLOYMENT DESIRED**

Position You are Applying For:	Date You are Available to Start:	Desired Salary Range:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EDUCATION**

School:	From: (Mo/Yr)	To: (Mo/Yr)	Diploma or Degree Earned?	Major Course of Study and Mo/Yr Degree Earned:
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**MILITARY**

Branch of Service:	Rank at Discharge/Separation:
Date Entered Service:	Date Discharged/Separated:

**BUSINESS SKILLS** (List all business applications and software programs with which you have experience)


**PRIOR EMPLOYMENT** (List below your previous three employers, starting with the most recent)

From: Mo/Y	To: Mo/Y	Employer's Name, Address & Phone	Name of Supervisor(s)	Salary Beginning & Ending	Position Beginning & Ending	Reason for Leaving

To assist us in verifying your records, have you ever worked under a different name?  Yes  No  
If yes, what name? \_\_\_\_\_

**PROFESSIONAL REFERENCES** (Give the name of three persons, not related to you, whom you have known at least one year.)

Name	Address	Company /Business	Telephone	Years Acquainted

**OTHER INFORMATION**

Have you ever been discharged from any position?  No  Yes  
If yes, please explain:

---

---

---

---

Have you ever been convicted and/or pleaded guilty under criminal law (excluding minor traffic violations)?  
 No  Yes  
If yes, please explain: (NOTE: A conviction itself is not an absolute bar to all employment.)

---

---

---

---

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation, false statements, or omission involving this application will be sufficient for XINNIX to withdraw an offer of employment or to terminate my employment at any time. I understand that if I am employed, evidence of U.S. citizenship or U.S. resident status and a birth certificate or other evidence of date of birth will be required.

I further authorize the release to XINNIX of information held by any parties regarding my current or past employment, my education and any certifications or licenses I may hold, and hereby release any said person, companies, or law enforcement authorities from any liabilities for any damages whatsoever for issuing this information. I further understand that this information may be reviewed both initially and periodically during my employment by XINNIX.

I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or XINNIX's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President or Executive Officers, and then only when in writing and signed by the President or Executive Officers, has any authority to enter into any agreement for employment for an specific period of time, or make any agreement contrary to the foregoing.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**