



A+ Job description - Financial Retail Associate Career.

An A+ career path offers you individual on the job training with licensed experienced professionals that will help you develop marketable skills you will have the rest of your life. Our training requires a total commitment from you. You must be focused and engage your manager with questions. Additionally, this requires internet classes and at home studying of contracts and forms. Commit to be a professional A+ Financial Sales Associate by gaining product knowledge and understanding of each service offered. If you do not like learning, then this job is not for you. It is expected and understood that you will commit to take the courses to learn our products and services. After 1 year, you are expected to know and comply with the following:

Everyday dress business casual. Men are expected to wear shirt and tie with slacks. Women are expected to wear dress, business skirt, or slacks with an appropriate business top. Jeans are not acceptable. A well-dressed sales associate shows respect for their career and their customer.

Greet every customer in a warm friendly hospitable manner. Our goal is to make personal business relationships with our potential customers. This shall be done with face to face communication, as well as text, email, and phone communications. Focus on what we can do for the customers not on what we cannot do. We are looking for individuals with the capacity and drive to solve problems. *IF YOU ARE UNCOMFORTABLE SPEAKING TO CUSTOMERS THEN THIS JOB IS NOT FOR YOU.*

Learn the information for each service, and understand the regulations to be in compliance with the law. This requires your careful review and understanding of each individual service we offer. Begin learning each individual service by reading each application and or contract in its entirety. Take each class offered, the product knowledge you gain will enable you to offer and explain our services to our customers. A+ has a bonus incentive program for many of our services we offer. Having more knowledge about our services will create more earning opportunities for you.

Always be closing your next sale. Inform and offer to each and every customer our services. Each service has a unique benefit to the customer.

Always get a customer card signed along with their customer's correct contact information. It is very important to understand that *WE NEED NAME, ADDRESS, CELL #, AND EMAIL AND CUSTOMER CONSENT.* This agreement allows us to contact our customers to offer them other services. The more customers we have the ability to contact the more potential sales you can have.

You are expected to pass the class to become a Licensed P&C insurance agent and a State Loan Manager. We will pay to costs of taking these classes, and the license you earn is yours to keep. However you are expected to dedicate yourself to obtaining your license, devoting time and attention to this task. FAMILIARIZE Yourself With The Products Services we offer are: ♦ Loans - Small Personal Instalment, Large Auto Title Lending; ♦ Insurance - Auto, Business, Renters; ♦ Check Cashing; ♦ Debit Cards; ♦ Wire Transferring; ♦ Bill payment; ♦ Home Guard; ♦ Car Club; ♦ Auto Title Lending; ♦ Retail Installment Sales; ♦ Postage & Envelopes; ♦ Fax.



FINANCIAL SERVICES INC.

INSURANCE TOPICS YOU MUST KNOW.

Insurance coverage's you must know and where on each insurance carrier's application they are accepted or declined; (a) Liability Coverage; (b) Comprehensive & Collision Coverage; (c) Uninsured Motorist Coverage; (d) Underinsured Motorist Coverage; (e) Underinsured Motorist "ADD ON" Coverage; (e) Medical payments Coverage.

Auto Insurance Terms you must know and understand: (a) Business Use Waiver; (b) Additional Driver; (c) Driving Points; (d) MVR Report; (e) Credit Report; (f) Inspection Report; (g) Preexisting Damages; (h) VIN; (g) AccuAuto; (h) Matricular ID.

Understand each auto insurance carrier's process and their strengths and weaknesses of each: (a) Assurance America (b) Progressive (c) United Auto (d) Aggressive (e) Texas (f) ACCC Ins (g) any new carrier.

Understand how the Motorist Protection Plans (aka: Car Club or MPP) benefits you and the insured. You must learn how to offer and disclose this value added product and how it impacts you as well as your customer. Know the specific s of the front end MPP, backend MPP & how to Sell and disclose. Know if the benefits are reimbursed or paid. Also, know how the benefits are calculated.

GILA TOPICS YOU MUST KNOW.

Georgia Industrial Loan Act (GILA) or otherwise known as Small Consumer Instalment Loans terms to become knowledgeable of to explain to our customers:

- Application process
- Attachment of Document procedures
- Loan Underwriting Procedure within the butterfly program
 - (a) Account & Routing Number
 - (b) Cell Phone Number
 - (c) Email Address
 - (d) Stability of applicant
 - (e) Willingness to pay of applicant
 - (f) Applicants reoccurring predictable direct deposited payroll or benefits
 - (g) U-Bill past due.
 - (h) Career Job V.S. Non career job
 - (i) Verified Residence
 - (j) Verified Job Phone Contact Number
 - (k) Report to work address
 - (l) Know the approval process and who is authorized to approve
 - (m) Direct Deposit Account
 - (n) Occupation
 - (o) Work Address
 - (p) Decision Logic
 - (q) Accurint Verification of address, cell, and work address
 - (r) Career job VS Non Career Job
- Know how to enter the loan into the ABS system
- Loan Closing process
 - (a) Loan fee
 - (b) Application fee
 - (c) Maint. fee
 - (d) Interest
 - (e) VSI vs. Property



- (f) Credit Disability
 - (g) Credit Life
 - (h) Home Guard, Car Club, or ADD charges with associated benefits
 - (i) Closing Doc Review - prior to customer leaving
 - (j) Expired interest
 - (k) Declination or NSF fee
 - (l) Late fee
- Loan Insurance Claim Procedure
 - P&L or Write off
 - Non file

CHECK CASHING TOPICS YOU MUST KNOW AND UNDERSTAND.

- The **3 factors** that must be reviewed prior to cashing a check. (1) ID (2) belief there is money in, the account (3) Issued and still outstanding.
- PI, P2, Business, Draft, Check, Bank U-Bill Payments,
- New Employee, 90 day employee, 180 day employees
-

Anti-Money Laundering (AML) Manuel

- ID all customers attempting to transact business greater than or equal to \$1,000
- 3000 Form
- CTR Form
- SAR Form
- Define Suspicious Transaction
- Know your customer
- Understand compliance with the legal requirements of our business

GLBA and Privacy Policy. We must all know that we do not disclose or share a customer's personal non-public information unless we need it to complete requested services. If the customer requests a service then we share this information with the vendor providing the service and to no others. We keep all personal documents stored as attached documents. Any non-public personal information that is on paper is shredded.

COLLECTION PROCEDURE FOR GILA - THIS IS OUR NUMBER ONE GOAL FOR ALL THE EMPLOYEES OF THE COMPANY. YOU MUST KNOW THE FAIR DEPT COLLECTION ACT AND HOW WE COLLECT USING PHONE CALL, EMAIL, TEXTS, JOB VISITS, AND GARNISHMENT COMMUNICATIONS.

Having a strong business relationship with the customer is the most effective method to collect and control delinquent accounts.



FINANCIAL SERVICES INC.

EMPLOYMENT APPLICATION

A+ Financial Services, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age disability, veteran status, or any other status protected under local, state or federal laws.

| | | | | |
|--|--|------------------------|-------|------------------------|
| Position (s) applied for | | Date of application | | |
| Last Name | | First Name | | Middle Name |
| Address | | City | State | Zip |
| Telephone Number | | Alternate Phone Number | | Social Security Number |
| How did you hear about us? • | | | | |
| <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee <input type="checkbox"/> Other | | | | |
| Are you legally eligible to work in the United States? <i>(Proof of eligibility will be required upon offer of employment)</i> | | Yes | No | |
| Are you over the age of 18 years old? <i>(If No, you may be required to provide authorization)</i> | | Yes | No | |
| Can you with or without reasonable accommodation, perform the essential functions of this job? <i>(If you have any Questions about the functions of the job, please ask the interviewer before answering this Question.)</i> | | Yes | No | |
| Have you ever applied at A+ before? <i>(If yes, please provide date)</i> | | Yes | No | |
| _____ | | | | |
| Have you ever worked for A+ before? <i>(if yes, please provide date)</i> | | Yes | No | |
| _____ | | | | |
| Have you ever been convicted of a felony? <i>(A conviction will not necessarily disqualify you.)</i> | | Yes | No | |
| _____ | | | | |
| If yes, please explain: _____ | | | | |
| _____ | | | | |
| Do you have a valid Driver's License? <i>(For driving positions only.)</i> | | Yes | No | |
| Have you been convicted of any moving violations in the past five years? | | Yes | NO | |
| If yes, please explain: _____ | | | | |
| _____ | | | | |
| Is anyone related to you employed at A+? | | Yes | No | |
| If yes, please give their name and relationship to you _____ | | | | |
| _____ | | | | |
| What salary or rate of pay do you expect to receive, if employed? | | _____ per _____ | | |
| Have you ever been fired or asked to resign from a job? | | Yes | No | |
| If yes, please explain: _____ | | | | |
| _____ | | | | |



FINANCIAL SERVICES INC.

WORK AVAILABILITY

On what date are you available to begin work? _____

Are you looking for: _____ FULL-TIME or _____ PART-TIME

A+ is open 24 hours a day, 7 days a week. **Full-time** employees must have maximum flexibility in hours that can be worked each day and days that can be worked each week, especially Fridays, Saturdays, Sundays, and Mondays. **Part-time** employees should be available at least 4 days a week, 3 of which must include Fridays, Saturdays, Sundays, and Mondays, with availability of at least 5 uninterrupted hours each day. Any change in your availability must be discussed with and approved by your Manager.

Please complete the days and hours you ARE available:

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|----------|--------|---------|-----------|----------|--------|----------|--------|
| 12:00 AM | | | | | | | |
| 1:00 AM | | | | | | | |
| 2:00 AM | | | | | | | |
| 3:00 AM | | | | | | | |
| 4:00 AM | | | | | | | |
| 5:00 AM | | | | | | | |
| 6:00 AM | | | | | | | |
| 7:00 AM | | | | | | | |
| 8:00 AM | | | | | | | |
| 9:00 AM | | | | | | | |
| 10:00 AM | | | | | | | |
| 11:00 AM | | | | | | | |
| 12:00PM | | | | | | | |
| 1:00 PM | | | | | | | |
| 2:00 PM | | | | | | | |
| 3:00 PM | | | | | | | |
| 4:00 PM | | | | | | | |
| 5:00 PM | | | | | | | |
| 6:00 PM | | | | | | | |
| 7:00 PM | | | | | | | |
| 8:00 PM | | | | | | | |
| 9:00 PM | | | | | | | |
| 10:00 PM | | | | | | | |
| 11:00 PM | | | | | | | |



FINANCIAL SERVICES INC.

EDUCATION

| | School Name & Address | Course of Study or Major | # of Years of Completion | Diploma or Degree |
|-------------|-----------------------|--------------------------|--------------------------|-------------------|
| High School | | | | |
| College | | | | |
| Graduate | | | | |
| Vocational | | | | |

Please List any academpic honors, scholarships, offices held (*do not include any which reflect your race, color, religion, gender, national origin, age, disability or veteran status.*)

Please list any languages you speak, besides English.

Describe any specialized training, apprenticeships, licenses, or skills you have.

Have you received any job training in the United States Military?



FINANCIAL SERVICES INC.

EMPLOYMENT HISTORY

Begin with current or most recent employer. Do not exclude any employment during the past 10 years. Include any applicable temporary employment. Previous Salaries or wages will not be used to determine compensation at A+.

| | | | |
|--|---|------------------------|---------------------------|
| Company Name | Employment Dates From To | Salary Start End | Supervisor Name and Title |
| Company Address | Describe your duties and responsibilities | | |
| Phone | | | |
| Please explain your reason for leaving | | | |
| Company Name | Employment Dates From To | Salary Start End | Supervisor Name and Title |
| Company Address | Describe your duties and responsibilities | | |
| Phone | | | |
| Please explain your reason for leaving | | | |
| Company Name | Employment Dates From To | Salary Start End | Supervisor Name and Title |
| Company Address | Describe your duties and responsibilities | | |
| Phone | | | |
| Please explain your reason for leaving | | | |
| Company Name | Employment Dates From To | Salary Start End | Supervisor Name and Title |
| Company Address | Describe your duties and responsibilities | | |
| Phone | | | |
| Please explain your reason for leaving | | | |
| Company Name | Employment Dates From To | Salary Start End | Supervisor Name and Title |
| Company Address | Describe your duties and responsibilities | | |
| Phone | | | |
| Please explain your reason for leaving | | | |



FINANCIAL SERVICES INC.

REFERENCES

| Name | Address | Phone Number | Relationship/Occupation | Years Known |
|------|---------|--------------|-------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |

EMERGENCY CONTACT

NEAREST LIVING FAMILY MEMBER

| | |
|--------------|------------------|
| Name | Phone |
| Address | City, State, Zip |
| Relationship | |

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

A+ is proud to be an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or other status protected by local, state, or federal law.

Please Read Carefully Before Signing. You understand and agree that any electronic typing in a signature line constitutes a valid and legally binding signature.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by A+ Financial Services, Inc. (hereinafter referred to as A+) that such employment with A+ is at will, for no specified duration and may be terminated by either A+ or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of A+ or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of A+ except the Director of Operations has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Director of Operations at A+.

In consideration for employment with A+, if employed, I agree to conform to the rules, regulations, policies and procedures of A+ at all times and understand that such obedience is a condition of employment. I understand that due to the nature of A+ business, attendance and punctuality are considered essential requirements of every job at A+ and that poor attendance or tardiness will result in withdrawal of any employment offer or termination of employment, if already employed.

I understand that if offered a position with A+, I may be required to submit to a Pre-employment Medical Examination, Drug Screening and Background Check as condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to A+ and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must complete and submit a new application.

SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF PERSON COMPLETING THIS FORM, IF OTHER THAN APPLICANT:



**CRIMINAL HISTORY RECORD INFORMATION
CONSENT FORM**

I, _____, hereby authorize

A+ FINANCIAL SERVICES, INC. AND ANY REPRESENTATIVE OF A+ FINANCIAL SERVICES

to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed

Address **City** **State** **Zip**

Sex **Race** **Date of Birth '** **Social Security Number**

I understand that by signing this form I am giving the authorized party noted above permission to periodically run additional background checks on me as a condition of my employment with them. No additional consent is required from me as long as I am employed with the company. This authorization ends upon the termination of my employment with the company.

Signature: _____

Date: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

| | | | | | | |
|---|---|----------------------------------|-------------|----------------|------------------------------------|------------|
| Last Name (<i>Family Name</i>) | | First Name (<i>Given Name</i>) | | Middle Initial | Other Names Used (<i>if any</i>) | |
| Address (<i>Street Number and Name</i>) | | | Apt. Number | City or Town | | State ▼ |
| Date of Birth (<i>mm/dd/yyyy</i>) | U.S. Social Security Number [][]-[][]-[][][][] | E-mail Address | | | Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

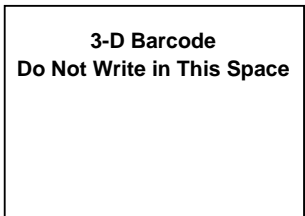
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

| | |
|------------------------|-----------------------------|
| Signature of Employee: | Date (<i>mm/dd/yyyy</i>): |
|------------------------|-----------------------------|

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|---|--|----------------------------------|------------|
| Signature of Preparer or Translator: | | Date (<i>mm/dd/yyyy</i>): | |
| Last Name (<i>Family Name</i>) | | First Name (<i>Given Name</i>) | |
| Address (<i>Street Number and Name</i>) | | City or Town | State ▼ |
| | | | Zip Code |



Employer Completes Next Page

