



Brooklight Place Securities

Brooklight Place Securities, Inc. is a member of FINRA & SIPC

Pre-Hire Consent Form

As a FINRA member firm, Brooklight Place Securities, Inc. (BPSI) is required to conduct an investigation into the character of all applicants to ensure that no conditions or situations exist that would restrict the applicant's registration or his/her activities with BPSI or its affiliates. Such pre-hire investigation activity requires your written consent and is a condition of becoming registered with BPSI. Your signature at the bottom of this form authorizes BPSI to review all information available prior to your registration. This may include but is not limited to previous employers and various financial institutions to determine your eligibility to become an employee of or be associated with BPSI in a registered capacity.

Typed or Printed Full Legal Name

Applicant's Phone Number

Applicant's Social Security Number*

Applicant's Birth date

Applicant's Fax Number

Applicant's Home Address

Applicant's E-Mail Address

Applicant's Web-Site Address

(Please note: FINRA requires entry of a candidate's month and date of birth as well as social security number to process pre-registration screenings. Brooklight Place Securities, Inc. does not use this information for any other purpose than to comply with FINRA requirements.)

1. Have you previously qualified on any FINRA series examinations? (ex. Series 6, Series7) Yes No
If yes, please list all licenses: _____
2. Were you previously registered with the FINRA? If yes, please attach or submit a copy of the Form U-5 terminating your previous employment. Yes No
3. Have you been or are you now the subject of a disciplinary action? Yes No
4. Have you been or are you now the subject of a complaint or legal proceeding by a customer? Yes No
5. Are you currently licensed to sell insurance products or variable annuities? Yes No
If yes, list products sold and the States in which you are licensed and attach a copy of your license(s)
States: _____
Products: _____
6. Are you currently or have you ever been under investigation by any SRO, Federal, or State regulatory agency? If yes, please attach an explanation of the circumstances of the investigation. Yes No
8. Are you currently or have you ever been under investigation or terminated by a member firm due to any violation of firm policies and procedures? If yes, please attach an explanation of the circumstances of the investigation or termination and the outcome. Yes No
9. May we contact your current employer? If yes, please provide the following: Yes No
Current Employer: _____
Current Employer's Address: (Include City, State and Zip Code) _____
Current Employer's Phone Number: _____

Please attach the most recent copy of your 1099 or commission history.

Applicant's Signature

Date Signed

This consent form does not constitute an offer of employment with respect to any employment position described herein. Offers are only made to qualified candidates who successfully complete our application and selection process.



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Outside Business Activity Form For Pre-Hire Evaluation

Applicant's Printed Full Legal Name

Social Security Number

Sales Office Address (Include City, State & Zip Code)

As a registered representative or registered principal, Brooklight Place Securities, Inc. (BPSI) and FINRA rules, prohibits me from employment, licensing, or receipt of any compensation outside my relationship with BPSI, unless prompt written notice is given to Brooklight Place Securities, Inc. This includes any insurance licenses or appointments.

A separate form should be completed for **each** outside business activity (please make additional copies as needed).

Company/Organization Name: _____

Type of Business: _____

Director: ___Yes ___No General Partner: ___Yes ___No **Employee:** ___Yes___ No **Agent / Broker:** ___Yes ___No

Officer: ___Yes ___No Limited Partner: ___Yes ___No Compensated: ___Yes ___No Sole Proprietor: ___Yes ___No

Member: ___Yes ___No Stock ownership, if any: _____ Shares

Other business relationship, if any (describe): _____

Responsibilities (for insurance appointments, please list companies and indicate type of products offered):

_____	_____
_____	_____
_____	_____
_____	_____

Working Hours at this Activity

Weekdays: ___Yes ___No Numbers of Hours/Week _____

Evenings: ___Yes ___No Numbers of Hours/Week _____

Weekends: ___Yes ___No Numbers of Hours/Weekend _____

Not Applicable – I do not have any Outside Business Activities.

Applicant's Signature

Date Signed

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