



CPAs & ADVISORS

APPLICATION FOR EMPLOYMENT

This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, genetic information, disability, veteran status, sexual orientation/gender identity, citizenship status, marital status or any other status protected by law. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the company. Please inform the company's human resources representative if you need assistance completing any forms or to otherwise participate in the application process.

Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application. NOTE: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

I. PERSONAL INFORMATION

Form with fields: First Name, Last Name, Middle Name, Other Names Used (If Any), Home Phone, Cell Phone, E-mail Address, Mailing Address, City/State, Zip Code, Have you ever been involuntarily terminated or requested to resign?, If hired, can you provide verification of your legal right to work in the United States?, Are you at least 18 years of age?, If required for the position, do you have a valid driver's license and proof of current auto insurance?, Have you ever worked under a different name?, Are you able to perform the essential functions of the position as listed and described on the attached job description or as demonstrated by the company representative with or without a reasonable accommodation?, Do you have a non-compete agreement or are you subject to any restrictive covenant with any of your former employers?

II. EMPLOYMENT INTERESTS

Form with fields: Position Desired, Date Available, Salary Desired, Would you be willing to work overtime?, Type of Employment Desired, Days and hours available for work, How were you referred to our company?



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III. EDUCATION INFORMATION					
School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

(Education will be verified and official transcripts may be required for certain positions).

IV. CERTIFICATIONS - If Applicable for Position for Which You Are Applying				
Certification Held	Credentialing Organization	Date of Certification	Certification Number	Expiration Date

V. COMPUTER APPLICATION EXPERIENCE				
Application(s)	Version	Beginner	Intermediate	Advanced



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VI. EMPLOYMENT HISTORY

1	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip		
	Job Title	Duties			Reason for leaving	
	Supervisor Name					
2	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip		
	Job Title	Duties			Reason for leaving	
	Supervisor Name					
3	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip		
	Job Title	Duties			Reason for leaving	
	Supervisor Name					
4	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip		
	Job Title	Duties			Reason for leaving	
	Supervisor Name					

VII. PROFESSIONAL REFERENCES

Name	Address	Phone	E-mail	Relationship



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VIII. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that, if management suspects that I am under the influence of drugs or alcohol, I may be required to take a drug/alcohol test. I also understand that I may be required to submit to a random drug/alcohol test during the course of employment.
Initial	I understand that as a condition of employment during the post-offer/pre-employment process, I may be I may be required to have a criminal history background check.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.
Initial	This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days must reapply.
Applicant Signature:	
Date:	