

APPLICATION FOR EMPLOYMENT

Susan E Thomas, CPA

An Equal Opportunity Employer. Reasonable accommodation will be provided as required by law.

Today's date _____

Last Name		First Name		Middle Initial		Social Security Number:	
Street Address		City/State		Zip Code		Phone Number: Cell – Home -	
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:		Wage/Salary Desired:		Full Time? Part Time?			
Date you can begin work?		Are you 18 years of age or older? Have you ever been charged with a felony?		(If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law).			
Name of high school attended:		City & State		Graduate?		GED?	
Name of college or technical school:		City & State		Graduate?		Degree? Major:	
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:					
List any job-related skills or accomplishments, including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				
- Provide Three References Who Are Not Former Employers Whom We May Contact -							
Name and Occupation		How do you know them, and for how long?				Phone Number	

Your Employment History

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position? _____ If no, what is the reason? _____	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor:	Reason for Leaving:
Telephone:	

Professional References

Name	Occupation	Company	Email Address	Phone #

Military History

Professional memberships and/or civic organizations

Please list any special training or skills which are pertinent to the position applied for

List special accomplishments, publications, awards, etc.

CAREFULLY READ EACH STATEMENT BEFORE SIGNING EACH

Non-Disclosure Agreement

While being considered for employment at Susan E Thomas CPA, Ltd., and thereafter, I shall not, directly or indirectly, disclose to anyone outside of Susan E Thomas CPA, Ltd any confidential information (as hereinafter defined) other than pursuant to my potential employment by Susan E Thomas CPA, Ltd.

The term confidential information as used throughout this agreement means any and all trade secrets and any and all data, or information not generally known outside of Susan E Thomas CPA, Ltd whether prepared or developed by or for Susan E Thomas CPA, Ltd., or received by Susan E Thomas CPA, Ltd for an outside source. Without limiting the scope of this definition, confidential information include any customer files, customer lists, any business marketing, financial or sales record data, plan or survey; any other record or information relating to the present or future business product or service of Susan E Thomas CPA, Ltd. All confidential information and copies thereof are sole property of Susan E Thomas CPA, Ltd.

The term confidential information shall not apply to information that Susan E Thomas CPA, Ltd has voluntarily disclosed to the public without restriction, or which has otherwise lawfully entered the public domain.

Signature: _____ Date: _____

Release for Background Check

Important notice to applicant: Please read these notices and consent forms very carefully before signing. You will be provided with a copy of this form at any time upon request.

Request, authorization and consent for release of information to employer and release form liability for disclosure of information. I understand that in connection with the application process, Susan E. Thomas CPA, Ltd. May request information for my employers, educational institutions, personal references, any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of any criminal records. I have provided complete and truthful information to Susan E Thomas CPA, Ltd. Regarding all sources of information about my past employment, education, licensure, certification, criminal conviction record, driving record, as well as any other information requested in the employment application, and am aware that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge, regardless of when such misrepresentation or material omission is discovered. In order to assist Susan E. Thomas CPA, Ltd in obtaining documents and information to confirm my background, if necessary, I hereby consent to the release of information more specifically described below.

Signature: _____ Date: _____

Request, authorization, and consent to release of employment information and education records.

I request, authorize, and consent to the release of information to Susan E Thomas CPA, Ltd. regarding my previous employment and authorize all past employers or agents that may be designate, to response to verbal or written inquiries from Susan E Thomas CPA, Ltd. regarding my employment record, including but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful or threatening behavior, including information based upon materials in my personnel files. I also request, authorize, and consent to the release and disclosure of educational record from any and all public or private educational institutions that I have attended to Susan E Thomas CPA, Ltd., including all record of my academic performance, courses attended, grades earned, diplomas, degrees, or other certificates conferred.

Signature: _____ Date: _____

Signature:

Date: