



EMPLOYMENT APPLICATION

APPLICANT INFORMATION									
Last Name				First			M.I.	Date	
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Date Available			Social Security #						
Position Applied for						Desired Salary			
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied to or worked for this company?			YES <input type="checkbox"/>			NO <input type="checkbox"/>			
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Convictions for marijuana-related offenses that are more than two years old need not be listed.								YES <input type="checkbox"/>	NO <input type="checkbox"/>
State the nature of the crime(s), when and where convicted and disposition of the case.									
No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the positions(s) applied for may, however, be considered.									

EDUCATION									
High School				Address					
			Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		/	To	/	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address					
From		/	To	/	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES									
<i>Please list 3 professional references.</i>									
Full Name					Relationship				
Company					Phone		()		
Address									
Full Name					Relationship				
Company					Phone		()		
Address									
Full Name					Relationship				
Company					Phone		()		
Address									

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
From / To /	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
From / To /	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
From / To /	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

CPA LICENCE

State Code	License #	Expiration Date
Status	Certification #	Date Received
State Member? YES <input type="checkbox"/> NO <input type="checkbox"/>		

OTHER LICENSES/CERTIFICATIONS

DISCLAIMER AND SIGNATURE

I authorize my educational institutions, employers and other individuals to give information concerning me, whether or not it is on their records, and I release them and their companies from any liabilities whatsoever. I authorize Advantage Placements, to conduct an investigation to verify the information provided and my suitability for employment with Advantage Placements, and I release Advantage Placements, and employees from any liability in any way related to such an investigation.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment. This Employment Application in original, faxed, photocopied or electronic form, will be valid authorization for the purposes of Advantage Placements.

Signature

Date