

Bey & Associates, CPA, PC

JOB APPLICATION FORM

NOTE: all potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

Position sought: _____

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Other Phone _____

Email Address: _____ Social Security Number: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you authorized to work in the U.S. without any restriction? Yes No

Have you ever been convicted of a crime or felony? Yes No

If yes, please describe the circumstances: _____

(NOTE: a criminal conviction is not automatic grounds for rejection. However, lying about a criminal violation may become the basis for disqualification).

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No

If yes, please describe the circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

If selected for employment, are you willing to submit to a pre-employment medical test, if applicable? Yes No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Bey & Associates, CPA, PC

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT:

(most recent first)

1. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Name of Supervisor _____ Job Title _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Specific skills acquired: _____

Reason for Leaving _____

2. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Name of Supervisor _____ Job Title _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Specific skills acquired: _____

Reason for Leaving _____

Bey & Associates, CPA, PC

3. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Name of Supervisor _____ Job Title _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Specific skills acquired: _____

Reason for Leaving _____

3. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Name of Supervisor _____ Job Title _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Specific skills acquired: _____

Reason for Leaving _____

Other employment: list any other employer you have worked with, prior to any of the jobs mentioned above:

<u>Job title</u>	<u>Employer's name</u>	<u>Supervisor's name</u>	<u>Date started</u>	<u>Date ended</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bey & Associates, CPA, PC

ACKNOWLEDGEMENT AND AUTHORIZATION

Job applied for: _____ Date: _____

PLEASE NOTE: this application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Please check and sign each statement below:

I certify that answers given herein are true and complete to the best of my knowledge. Signature: _____

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Signature: _____

“I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

“In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge at any time thereafter. I understand, also, that I am required to abide by all rules and regulations of the employer.”

Signature of Applicant

Date

_____ **END OF JOB APPLICATION FORM** _____

Bey & Associates, CPA, PC**CONSENT FOR BACKGROUND SCREENING AND REFERENCE CHECKING**

*In compliance with the FCRA (Fair Credit Reporting Act) and
the DPPA (Federal Driver's Privacy Protection Act)*

(to be signed by applicant upon the filling of application form)

FIRST NAME: _____ LAST NAME: _____ MIDDLE NAME: _____

MAIDEN OR OTHER LAST NAME USED: _____

CURRENT ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

DATE OF BIRTH: _____ CIRCLE ONE: *Male/Female* SOCIAL SECURITY NUMBER: _____

DATE: _____ DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

This authorization and consent for release of personal information acknowledges that

_____ (Hereafter referred to as "Company") and/or its agent _____ [Name of background screening firm] may at any time I am applying for a job with, being assigned to, volunteer with or being employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq.

I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to _____ [Name of Background screening firm], the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from my employer who has contracted with _____ [Name of Background screening firm] at telephone number (____) _____. After reading this document, I fully understand its contents and authorize the background verification.

DATE: _____

SIGNATURE: _____

Bey & Associates, CPA, PC

Are you applying for employment in California, Minnesota or Oklahoma? Yes ___ No ___

If so, do you want a copy of any Consumer Report prepared concerning you? Yes ___ No ___

I understand that California law requires Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.29).

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES ___ NO ___

If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES ___ NO ___

If YES, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES ___ NO ___

If YES, Please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you? YES ___ NO ___

If YES, Please provide an explanation below:

Bey & Associates, CPA, PC

THIS SECTION BELOW IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE (IF YOU ARE A RESIDENT FROM CALIFORNIA, LIMIT TO LAST 7 YEARS).

<u>CITY/TOWN</u>	<u>COUNTY</u>	<u>STATE</u>	<u>DATE IN</u>	<u>DATE OUT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, IT MAY GROUND FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT OR VOLUNTEER POSITIONS AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____ 2 _____,

Applicant's name: _____

Applicant's signature: _____

Bey & Associates, CPA, PC

CONSENT FOR REFERENCE CHECKING FORM

It is part of our company hiring policy to systematically investigate for the relevance and accuracy of information provided by applicants, regarding previous employment. We might contact your previous employer(s) and request the following information. This is done with the purpose of verifying the full accuracy of information you provided in the job application form.

The questions asked to a former employer will be:

- What was the exact scope of work produced by [applicant]?
- How long was [applicant] on that job?
- How would you rate the performance of [applicant], from 1 (lowest) to 10 (highest)?
- What were specific qualities and talent demonstrated on the job by [applicant]?
- What specific weaknesses did [applicant] demonstrate on the job that we should be aware of?
- Why did [applicant] choose to leave your company?
- Did you ever offer [applicant] a promotion prior to his/her departure?
- We are contemplating to offer [applicant] a job, as _____ (job name). Would you recommend [applicant] for such a job?
- Our job opening requires a strong team work and willingness to contribute to others. Did [applicant] demonstrate any attitude that could be detrimental to team work?
- Is there anything else we should know in order to make the most appropriate hiring decision?

"I understand that the information requested as above will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of information (either orally or in writing) by previous employers to the authorized representatives of the company. In addition, I release and discharge the company, its agent and associates as well as my previous employers to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information.

Signed this _____ day of _____ 2 _____,

Applicant's name: _____

Applicant's signature: _____

_____ **END OF CONSENT FOR BACKGROUND SCREENING & REFERENCE CHECKING** _____