

**APPLICATION FOR EMPLOYMENT**

**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 \$ \_\_\_\_\_

Have you ever been convicted of a felony? [ ] Yes [ ] No If yes, please describe circumstances: \_\_\_\_\_

Have you ever be involuntarily terminated or asked to resign from any position of employment? \_\_\_\_\_

[ ] Yes [ ] No If yes, please describe: \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test? \_\_\_\_\_

[ ] Yes [ ] No

<b>EDUCATION</b>	<b>School Name</b>	<b>Years Attended</b>
High School		
College		
Other		

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 \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**Please take a moment to answer the following questions:**

Can you legally work in the U.S.A.?.....Yes \_\_ No \_\_ Please specify: \_\_\_\_\_

Have you ever had a work related injury?....Yes \_\_ No \_\_ If yes, State \_\_\_\_\_ When \_\_\_\_\_

Do you have transportation to work? .....Yes \_\_ No \_\_ Please specify: \_\_\_\_\_

Do you have a current driver’s license? .... Yes \_\_ No \_\_ Please specify: \_\_\_\_\_

Do you have any lifting restrictions? .....Yes \_\_ No \_\_ Please specify: \_\_\_\_\_

Are you available to work? ... Days \_\_ Nights \_\_ Full Time \_\_ Part Time \_\_ Weekends \_\_

Do you have any medical conditions we should be aware of? Please specify: \_\_\_\_\_

Which of the following do you speak fluently? English \_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

**ACKNOWLEDGEMENT AND AUTHORIZATION**

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

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

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 weather or not applicants are being accepted at that time.

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.

I hereby understand and acknowledge that Bookkeeping To Go, Inc. is an employee leasing company. In a leasing arrangement, Bookkeeping To Go, Inc. (Leaser) contracts with its clients (Lessee) for the taxation and fiduciary responsibilities of employment. All other human resource issues are the sole responsibility of the Lessee.

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**