



Tax Software, Inc. Application for Employment

Date of Application

Personal Information

Name (Last, First, Middle)			Social Security no.		
Address		Apt. no.	City		State Zip
Telephone number ()	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please enter your date of birth below. / /		E-mail address	

If you are under 18 years of age, can you provide required proof of your eligibility to work?
The Fair Employment Practices and Housing Act prohibits discrimination on the basis of age with respect to individuals who are more than 40 years of age. Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Desired Employment

Position		Date you can start		Pay rate desired	
Currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Available to work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time		Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied at CFS before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?		If part time, preferred time of day to work: <input type="checkbox"/> Morning hours <input type="checkbox"/> Afternoon hours	
Have you ever worked for CFS before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?			
Reason for leaving					
Name of last supervisor at CFS					
Who referred you to CFS Tax Software, Inc? <input type="checkbox"/> Employment agency <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____					
List any current / past CFS employees you know					

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Jr. High				<input type="checkbox"/> Yes <input type="checkbox"/> No
High School				<input type="checkbox"/> Yes <input type="checkbox"/> Currently enrolled <input type="checkbox"/> No GPA _____
Undergraduate College				Degree: GPA _____
Graduate Professional				Degree: GPA _____
Other (Specify)				

Former Employers

List your last three employers, starting with the most recent one.

Name of present or last employer			
Address		City	State Zip
Starting date	Leaving date	Job title	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number ()	
Name of supervisor		Title	
Description of work			
Reason for leaving			

Name of employer			
Address		City	State Zip
Starting date	Leaving date	Job title	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number ()	
Name of supervisor		Title	
Description of work			
Reason for leaving			

Name of employer			
Address		City	State Zip
Starting date	Leaving date	Job title	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number ()	
Name of supervisor		Title	
Description of work			
Reason for leaving			

References

List the names of three persons you are not related to, whom you have known at least one year.

Name	Address	Business	Years Acquainted

Student Work Availability

Note: CFS Regular business hours are Mon - Fri, 8:00 am - 5:00 pm

Beginning of summer break: _____

End of summer break: _____

Summer Work Schedule		
Mon:	Tue:	Wed:
Thu:	Fri:	X

Non-Summer Work Schedule		
Mon:	Tue:	Wed:
Thu:	Fri:	X

If you will be in high school or attending a local college in the fall, do you want to work while you are attending school?

Yes

No

Military Service Record

Branch of service	Discharge date	Rank
Describe any job-related training received in the United States military.		

Applicant's Statement

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

I authorize investigation of all statements contained in this application of 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 whether or not applications 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 an 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. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview Yes No

Remarks: _____

Interviewed by	Date
Comments	

Interviewed by	Date
Comments	

Interviewed by	Date
Comments	

Hire date	Pay rate	For position
Report to		
Approved by	Date	