

Susan E. Thomas CPA, Ltd.- 3960 Brown Park Drive, Suite C- Hilliard, Ohio- 43026

Employment Application

Prospective applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin or veteran status.

Personal Information

Name	Last. First. Middle Initial
Address	Street
	City. State. Zip
Are you being referred by a Susan E. Thomas CPA, Ltd. employee? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please list the associate below. . .	
if previously employed with Susan E. Thomas CPA, Ltd., list dates . . .	
Please list any fluent languages spoken other than English.	
Have you ever been convicted or plead "no contest" to a crime? <input type="checkbox"/> yes <input type="checkbox"/> no	

Desired position(s)	
Telephone	Home
	Business
	Cellular
Today's date	
Social security number	- -
E-mail address	
Willing to work overtime?	<input type="checkbox"/> yes <input type="checkbox"/> no
Salary expectations	\$
Schedule preference?	<input type="checkbox"/> FT <input type="checkbox"/> PT
Can you legally work in the US?	<input type="checkbox"/> yes <input type="checkbox"/> no
When can you start?	
Are you 18 years of age or older?	<input type="checkbox"/> yes <input type="checkbox"/> no

Educational history

School	Name and location of school	Course of study	Years completed	Did you graduate?	Degree/Diploma
Graduate				<input type="checkbox"/> yes <input type="checkbox"/> no	
Graduate				<input type="checkbox"/> yes <input type="checkbox"/> no	
College				<input type="checkbox"/> yes <input type="checkbox"/> no	
Business/trade/ technical				<input type="checkbox"/> yes <input type="checkbox"/> no	
High school					

Employment History

Please give as much information as possible, as we may elect to contact former or current employers.
Please begin with you current or most recent employer.

Company name _____
Address _____
Telephone _____
Your job title _____
Please describe your work with this employer

Dates of employment _____
Weekly salary _____
Name of supervisor _____
Supervisor job title _____
Please detail your reason for leaving this position

Company name _____
Address _____
Telephone _____
Your job title _____
Please describe your work with this employer

Dates of employment _____
Weekly salary _____
Name of supervisor _____
Supervisor job title _____
Please detail your reason for leaving this position

Company name _____
Address _____
Telephone _____
Your job title _____
Please describe your work with this employer

Dates of employment _____
Weekly salary _____
Name of supervisor _____
Supervisor job title _____
Please detail your reason for leaving this position

Company name _____
Address _____
Telephone _____
Your job title _____
Please describe your work with this employer

Dates of employment _____
Weekly salary _____
Name of supervisor _____
Supervisor job title _____
Please detail your reason for leaving this position

Susan E. Thomas CPA, Ltd. reserves the right to contact the employers listed. Please note below any employers you prefer Susan E. Thomas CPA, Ltd. does not contact.

Employer Reason you prefer we do not contact

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Professional References				
<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Email Address</i>	<i>Phone Number</i>

Military History	
Did you serve in the u.s. armed forces? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, what branch?
Describe any relevant training to the position for which you are applying.	
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Professional memberships and/or civic organizations.
<hr/> <hr/> <hr/>

Please list any special training or skills which are pertinent to the position applied for.
<hr/> <hr/> <hr/>

List special accomplishments, publications, awards, etc.
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Non-Disclosure Agreement

Please read and sign below for 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 or use 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. from an outside source. Without limiting the scope of this definition, confidential information includes 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.

(1) 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 from my employers, educational institutions, personal references, and 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: _____

(2) 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 they may designate, to respond 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 records from any and all public or private educational institutions that I have attended to Susan E. Thomas CPA, Ltd., including all records of my academic performance, courses attended, grades earned, diplomas, degrees, or other certificates conferred.

Signature: _____

Date: _____