



Application for Employment

Non-Discrimination Policy

In compliance with the Civil Rights Act of 1954 and our Company philosophy, we do not discriminate based on race, creed, color, sex, age, national origin, citizenship, handicap, marital status, veteran status or sexual preference.

PERSONAL	Last Name	First Name	Middle Initial	Date
	Street Address			Home Telephone
	City, State, Zip			Business Telephone
	Have you ever applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month: Year:			
	Position Desired			Pay Expected
	Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			E-mail Address
	Special training or skills (languages, computer software, etc.)			

EDUCATION	School	Name & Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Degree or Diploma

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion, national origin or sexual preference)

WORK AVAILABILITY		
If your application receives favorable consideration, when will you be available to begin work?		
Do you have any objection to working overtime?	Yes	No
Can you work overtime without prior notice?	Yes	No
Can you work on Saturdays?	Yes	No
Can you work on Sundays?	Yes	No
Can you travel if required by this position?	Yes	No
Do you have reliable transportation?	Yes	No

EMPLOYMENT HISTORY

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title & Description of Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title & Description of Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title & Description of Work	Reason for Leaving

(If necessary, complete on a supplemental sheet)

OTHER RELATED EXPERIENCE

Briefly describe any other employment experience not listed above that is related to the position for which you are applying.

Briefly describe any training received relevant to the position for which you are applying.

MILITARY

Did you serve in the U.S. Armed Forces?
If "Yes", what Branch?

___ Yes ___ No

REFERENCES

List at least three responsible adults who have knowledge of your work ethic, experience, and ability. (Do not include relatives.)

Name	Address	Telephone Number	Occupation

BACKGROUND	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe in full.	
Are you currently or have you ever been disbarred from practice by the Department of Treasury? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain.	
Are you current in the filing of your tax returns and payment of all tax liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", why not?	
Are you currently or have you ever been employed as a tax preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please attach a copy of any non-compete agreement.	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long at previous address? _____ Years
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", with what employers?	What was your previous address?

ADDITIONAL COMMENTS

SIGNATURE	The information provided in this Application for Employment is true, correct, and complete. I understand that if employed, any misstatement or omission of fact on this application may result in my dismissal.
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
	If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> _____ Date </div> <div style="width: 45%; text-align: center;"> _____ Signature </div> </div>

PLEASE COMPLETE AND SIGN THE BACKGROUND RESEARCH RELEASE FORM ON THE BACK OF THIS APPLICATION.



BACKGROUND RESEARCH RELEASE

Authorization and General Release

The undersigned _____ in connection with this application, authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to Peoples Income Tax, Inc. or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Applicant's Signature

Witness Name

Witness Signature

Date