



EMPLOYMENT APPLICATION

Equal Opportunity Employer

Personal Information

Date of Application / /

Name (Last) _____ (First) _____ (Middle) _____		Social Security No. _____							
Home Address _____ City _____ State _____ ZIP _____									
Home Phone () _____	Business Phone () _____	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Cell Phone () _____	E-mail address _____								
Position Applying For: _____	Days and Hours Available:	Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date Available: _____		From							
Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer		To							
How were you referred? _____									
In which part of town do you live? _____			Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			What method of transportation do you use? <input type="checkbox"/> Car <input type="checkbox"/> Public Transportation			

Education

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	NUMBER OF YEARS ATTENDED	GRADUATED (CHECK ONE)
High School	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			
College	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			
Graduate School	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			
Other	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			

U.S. Military Service

BRANCH OF SERVICE	TECHNICAL SPECIALIZATION	RANK ATTAINED

Special Skills

WHAT SKILLS DO YOU HAVE?		
Typing: _____ wpm	Computer (List PC Software/Other Equipment): _____	Other: _____

Legal

Are you a U.S. citizen? Yes No. If no, do you have the legal right and necessary documents to work in the U.S.? Yes No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform Act of 1986.)

Were you discharged by any company? Yes No If yes, give the name of the company(ies): _____

Reason for Discharge: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If yes, please explain offense and final disposition:

Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. May we contact your present employer? Yes No Your past employer? Yes No Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: _____/_____/_____ mo./yr. To: _____/_____/_____ mo./yr.	Name Address City State Phone ()	Your Job Title: Supervisor:		Starting: Final:	
From: _____/_____/_____ mo./yr. To: _____/_____/_____ mo./yr.	Name Address City State Phone ()	Your Job Title: Supervisor:		Starting: Final:	

Have you ever worked for Fast Tax? Yes No

Location: _____

City and State: _____ Position Held: _____

Supervisor: _____ Dates employed: From _____ to _____

Reason for Leaving: _____

References

Business References: (Do not list relatives.) (Please indicate if you were employed under a different name.)

NAME	ADDRESS	WORK PHONE #	TITLE	YEARS KNOWN

Please Read Carefully

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record, and/or criminal history. I authorize anyone processing this information to furnish it to the Company and/or any 3rd-party company upon request, and I release anyone so authorized and any 3rd-party company from all liability and damages whatsoever in furnishing, obtaining, or using said information.

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

Applicant Signature: _____ **Date signed:** _____