



POLK AND ASSOCIATES, PLC
APPLICATION FOR EMPLOYMENT

The following information is requested in order to help us make the best possible placement within the Firm. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. Due to the nature of the Firm, complete honesty is an absolute requirement for working at Polk & Associates, PLC. The Firm, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, genetics, physical or mental disability or arrest record.

****ONCE YOU HAVE COMPLETED THE APPLICATION, PLEASE EMAIL IT WITH A COPY OF YOUR RESUME TO: GJOHNSON@POLKCPA.COM**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Date:

This application will remain current for 90 days.
Please reapply thereafter if you continue to wish to be considered for employment.

PERSONAL INFORMATION		
LAST NAME:	M.I.	FIRST NAME:
PRESENT ADDRESS:		
CITY:	Apt./Unit:	
STATE:	ZIP:	
PHONE:	EMAIL:	
PERMANENT ADDRESS:		
CITY:	Apt./Unit:	
STATE:	ZIP:	
Have you attained the age of 18?	Are you legally entitled to work in the United States?	
If related to anyone in our employ, state name:	How were you referred to the Firm?	

EMPLOYMENT DESIRED	
POSITION:	SCHEDULE TYPE:
DATE YOU CAN START?	WAGE/SALARY DESIRED?
Are you on a layoff and subject to recall?	Are you willing to travel?
CAN YOU WORK OVERTIME?	Do you agree to work any shift to which you are assigned?
Will you work Saturdays, Sundays, or holidays when assigned?	

Please indicate specific hours you are available to work on the following days:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What method of transportation will you use to get to work?

Have you previously completed an application and/or been interviewed by Polk and Associates, PLC?

(If so, when?)

FORMER EMPLOYERS
(Please account for all time over the past five years, listing the most recent job first)

1	Employer Name:	Address:
	Dates Employed From:	To:
	Pay Rate:	Pay Schedule:
	Type:	
Phone #	Supervisor Name:	

Reason for leaving:

2	Employer Name:	Address:
	Dates Employed From:	To:
	Pay Rate:	Pay Schedule:
	Type:	
Phone #	Supervisor Name:	

Reason for leaving:

Please indicate (by number above) the employers we may NOT contact and the reason.

Please explain any gaps in your employment history:

EDUCATION

Education	Name and Location Of School	Years Attended	Degree	Subjects Studied/Major
High School				
College				

Are you currently continuing your education? If yes, how?

Please explain any gaps in your employment history:

CLERICAL APPLICANTS ONLY

List office equipment you can operate:	Programs you are proficient in:	Typing Speed (WPM):

LICENSES, CERTIFICATES, DEGREES AND SKILLS

Name of License, Degree, Certificate, Skills or Special Training:	Date Issued	Issued By

Professional (job related) associations in which you participate.

REFERENCES

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

Name:	Years Acquainted:	Position / Occupation:
Address:	Phone / email contact info:	

Name:	Years Acquainted:	Position / Occupation:
Address:	Phone / email contact info:	

**GENERAL
ALL APPLICANTS PLEASE COMPLETE**

Have you ever been fired or asked to resign?	If yes, please explain when, where and why?		
Have you ever lost your driver's license?	If yes, please explain:		
Veteran of U.S. Military Service?	Branch:	Dates of service From:	Presently serving in National Guard or Reserve?
		To:	
Can you perform the job for which you are applying with or without accommodation?	Do you currently use illegal drugs?		

If yes, what kinds of illegal drugs?

List any hobbies or special interests, skills, or activities

CASE OF EMERGENCY, NOTIFY

Name:	Phone:	Email Address:	
Address:	City:	State:	Zip Code
Relationship:	Place of Employment:		

PLEASE READ BEFORE SIGNING

I certify that the information contained in this application is true, complete and correct and understand and agree that any falsification, misleading statement or omission of fact of this information in any respect may result in disqualification from further consideration for employment or dismissal in accordance with the policies of Polk & Associates, PLC. I authorize any entity or person listed above to give you any and all information and records concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to you. I also authorize any inquiries as to my character, reputation and ability and release those supplying any such information from all liabilities.

I understand that in processing this employment application, Polk & Associates, PLC may request a police and/or credit report about me. I further understand that I have the right to request Polk & Associates, PLC to completely and accurately disclose to me the content of those reports and that such a request must be made in writing to the Human Resources Manager within a reasonable time after I have submitted this application.

I recognize and agree that if I am employed, I will conform to the policies, rules and regulations of Polk & Associates, PLC. I also understand and agree that my employment and compensation may be terminated at any time for any reason, with or without notice and with or without cause at the option of either Polk & Associates, PLC or myself and that I am an employee at will. I further understand that, if employed, my salary, benefits, conditions of employment and the rules and regulations to which I am subject may be changed by Polk & Associates, PLC at any time.

If offered employment, I understand that if I am a qualified individual with a disability or in need of a reasonable accommodation for employment, I must notify Polk & Associates, PLC in writing within 182 days after the need to accommodate is known. This, however, does not waive my right under the Americans With Disabilities Act, as amended.

I further recognize that nothing in any documents published by Polk & Associates, PLC shall in any way modify the above conditions and that these conditions cannot be modified in any way by any oral or written representations made by anyone employed by Polk & Associates, PLC, except by a written agreement signed by its President and by me.

Date: _____ **Signature:** _____