

# Propp Christensen Caniglia LLP

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION:

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

HAVE YOU EVER USED ANOTHER NAME? \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip Length of Residence

PERMANENT ADDRESS (if different) \_\_\_\_\_  
Street City State Zip

TELEPHONE NUMBER ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

CELL NUMBER ( ) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE AVAILABLE FOR WORK \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY NUMBER ( ) \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_ NOTICE? \_\_\_\_\_

### EMPLOYMENT DESIRED:

Position \_\_\_\_\_ Desired Wage \_\_\_\_\_

( ) Full Time ( ) Part Time Specify Hours/Days \_\_\_\_\_

( ) Direct hire ( ) Temp to hire ( ) Project consulting

### EDUCATION:

	School Name and Address	Major	Diploma or Degree Received
High School			
College/Trade School			
College/Graduate School			

### CPA LICENSE AND/OR OTHER CERTIFICATION:

\_\_\_\_\_ Type Number and State Date of Expiration

Type

Number and State

Date of Expiration

Has your license or certification to work in your profession ever been suspended or revoked?

Yes  No Explain \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony?

Yes  No Explain \_\_\_\_\_

Are criminal charges currently pending against you?

Yes  No Explain \_\_\_\_\_

Have you ever initiated an act of violence in the workplace?

Yes  No Explain \_\_\_\_\_

Omit references to convictions under Health and Safety Code Sections 11357(a) or (b), 11360(c), 11364, 11365, or 11550 related to marijuana which occurred two or more years ago and any post-trial diversion program. A "yes" answer to any of these questions does not automatically bar you from employment. All circumstances will be considered.

**EMPLOYMENT HISTORY:**

In the spaces provided below, list all employment or volunteer service for your last three employers. Give most recent first. Use reverse side if necessary.

DATES EMPLOYED:		Company Name	Rate of Pay	Years/Months of Full-time Employment
From	Street	City	Position/Title	Years/Months of Part-time Employment
To	State	ZIP	Telephone	Supervisor
Reasons for Leaving				
Brief Description of Duties				
DATES EMPLOYED:		Company Name	Rate of Pay	Years/Months of Full-time Employment
From	Street	City	Position/Title	Years/Months of Part-time Employment
To	State	ZIP	Telephone	Supervisor
Reasons for Leaving				
Brief Description of Duties				
DATES EMPLOYED:		Company Name	Rate of Pay	Years/Months of Full-time Employment
From	Street	City	Position/Title	Years/Months of Part-time Employment
To	State	ZIP	Telephone	Supervisor
Reasons for Leaving				
Brief Description of Duties				

Software experience: \_\_\_\_\_

My present employer  may  may not be contacted.

If employed, can you submit proof of legal right to work in the United States?  Yes  No

**REFERENCES:**

In the spaces provided below, provide the information requested for three persons, not related to you, whom you have known for

at least one year.

Name	How are you acquainted?	Years Acquainted
Street City		
State Zip Telephone		
Name	How are you acquainted?	Years Acquainted
Street City		
State Zip Telephone		
Name	How are you acquainted?	Years Acquainted
Street City		
State Zip Telephone		

**IMPORTANT – READ BEFORE SIGNING**

I hereby certify that the facts set forth above are true and complete, and I authorize Propp Christensen Caniglia LLP (Employer) to investigate any and all of the statements that I have made. I also authorize all persons and institutions, including my previous employers and the schools that I attended, to provide Employer with any information that it requests in connection with this application. I hereby release all of these persons and institutions and Employer from any and all liability for any damages arising from the investigation. I understand that, if employed, false statements on this application or omissions of material information may result in my termination. If employed, I agree to abide by all Employer rules and regulations as they are now or may exist.

I further understand that, within the time frame specified by Employer, I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States.

It is the policy of Employer to fill every position without regard to race, color, religion, creed, sex, sexual orientation, marital status, age, national origin, ancestry, disability, or medical condition. Employer is an equal opportunity employer and selects employees on the basis of qualifications.

I understand and agree that, if employed, either Employer or I will be free to terminate the employment relationship at any time, without cause and without notice. I understand and agree that this writing shall constitute the entire agreement between Employer and me on the subject of the length of my employment, and the circumstances under which it may be terminated, and that there are no oral or collateral agreements pertaining to these issues. I also understand and agree that no representative of Employer, other than a partner, has the authority to enter into any future agreement, either express or implied, restricting in any way Employer's right to terminate employment and, that to the extent a partner enters into such a future agreement, it may only be in writing.

In the event that I am dissatisfied or disagree with any action or failure to act by Employer, its employees, agents or representatives, I agree to submit the matter to Employer's grievance and arbitration procedure for final and binding resolution and will not initiate a law suit, thereby waiving any right I might have to a jury trial.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please do not write below this line

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Comments \_\_\_\_\_

License/Certification Verified \_\_\_\_\_ Proof of Right to Work Verified \_\_\_\_\_

Hired \_\_\_\_\_ Starting Date \_\_\_\_\_ Position \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Per Diem \_\_\_\_\_ Temporary \_\_\_\_\_