

DABBS, HICKMAN, HILL & CANNON, LLP

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name (Print)		First Name	Middle	Date
Present Address			Apartment/Unit #	
City		State	ZIP	
How long at this address? Months and Years				
Previous Address			Apartment/Unit #	
City		State	ZIP	
How long at this address? Months and Years				
Phone		Email Address		
Date Available			Social Security No.	
Position Desired				
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>				
Have you ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give dates and position:				
Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give dates and details:				
Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give dates and details:				

Note: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account

EDUCATION

High School	Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Degree
College School	Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Degree
Other	Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Degree

List any special training, skills (including computer software skills), certificates, or licenses you have relative to the job for which you are applying:

List any job-related professional associations in which you participate:

PREVIOUS EMPLOYMENT

Please list below your last five employers, starting with your present / most recent employer. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes [] No []		

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes [] No []		

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes [] No []		

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes [] No []		

PREVIOUS EMPLOYMENT (Continued)

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary

Responsibilities

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? Yes [] No []

Have you ever been terminated, laid off, or asked to resign from any job? Yes [] No []

If Yes, please give dates and details:

Please explain fully any gaps in your employment history:

Have you ever used another name? Yes [] No []

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If Yes, please give dates and details:

If hired, can you furnish proof that you are over 18 years of age? Yes [] No []

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes [] No []

Do you have transportation to and from work? Yes [] No []

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year _____	Number of days _____
Year _____	Number of days _____
Year _____	Number of days _____

REFERENCES (please list persons who know you well - not previous employers or relatives)

Full Name _____	Relationship _____
Company _____	Phone _____
Address _____	
Full Name _____	Relationship _____
Company _____	Phone _____
Address _____	
Full Name _____	Relationship _____

Company	Phone
Address	

List the names of relatives employed by the firm and their relationship to you:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment , I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------

APPLICANT'S STATEMENT & AGREEMENT

I affirm that the information provided on this application or in connection with the processing of this application including any resume or any other accompanying documents is true and complete to the best of my knowledge. I understand that if employed, false statements, significant omissions, or misleading information regardless of when discovered, made on or in connection with my application and accompanying documents can be sufficient grounds for my rejection as a candidate for employment or for discharge.

I understand that this application does not create an offer of employment.

In consideration of my employment, I agree to conform to the rules and regulations of the firm and agree that my employment is at-will and may be terminated, with or without cause, and with or without notice, at any time at the option of either the company or myself. I understand and agree that I am not being hired for any specified period of time. I also understand that this at-will employment relationship cannot be altered by anyone unless it is in writing and signed by the Managing Partner. I also understand that any firm manuals or handbooks which may be provided to me during the course of my employment shall not be constructed as a contract. If employed, I will completely read and remain familiar with the firm's personnel manual.

I authorize investigation and verification of all information contained in this application including any resume or any other accompanying documents.

I understand that a routine investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry provides information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have a right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I hereby authorize all persons, schools, companies, institutions, former employers, credit bureaus, and law enforcement agencies to give the firm full information concerning my character, qualifications, and employment. I release all parties from all liability for any damage that may result from furnishing that information to the firm.

If you have any questions regarding this statement, please ask a firm representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

Signature: _____ Date: _____