

Fast Tax Service, Inc.

EMPLOYMENT APPLICATION

Equal Opportunity Employer

Personal Information

Date of Application ___/___/___

Name (Last)		(First)	(Middle)	Social Security No.						
Home Address		City		State		ZIP				
Home Telephone ()		Business Telephone ()				May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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								
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18 years of age, please state your date of birth. _____ (No one under 16 may be hired.)				Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No What percent? _____%				
How were you referred?										

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

Name: _____ 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:** _____