

Save this form on your computer, then fill in the form and save it again. Email the completed form as an attachment to info@map-cpas.com.

Employment Application Form

APPLICATION FOR EMPLOYMENT

**Criminal background and credit history reporting will be administered for candidates under consideration.
Authorization forms will be provided to candidates for signature.**

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Email; _____
 Daytime Telephone _____ Cell Telephone: _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____ No Preference ___ Thurs _____
 (Be specific) Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	CITY AND STATE	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Graduate School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

COMPUTER AND SOFTWARE SKILLS

Computer Skills: Microsoft Office Windows Adobe Acrobat 10-Key

List other computer skills: _____

Accounting Software Proficiency: QuickBooks Online/Desktop Sage Cloud/100 NetSuite
Other:

Please list three professional references.

Name _____ Position: _____

Company _____ Email _____

Daytime Phone _____ Cell Phone _____

Name _____ Position: _____

Company _____ Email: _____

Daytime Phone _____ Cell Phone _____

Name _____ Position: _____

Company _____ Email: _____

Daytime Phone _____ Cell Phone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Work Experience Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____