



Gardner, Loutzenhiser, Ryan, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

201 Main Street, Chadron, NE 69337
Phone: (308) 432-4465 Fax: (308) 432-3218

APPLICATION FOR EMPLOYMENT

Applicant: In order to be considered for employment in our accounting office, this application must be completed entirely. Please print or write clearly, and sign the last page.

Position applied for

Date:

Full Name

Home Phone

Address

Daytime or Message Phone

City

Social Security #

State

Zip Code

Referred By

In case of accident, notify:

Name

Phone Number

Are you over the age of 18? YES NO

If hired, can you provide proof that you are of legal age to work? YES NO

Have you ever been convicted of a Violation of Law other than a minor traffic violation? YES NO

If yes, please explain: _____

(A conviction record is not an automatic bar to employment. Each case is considered in relation to the position applied for.)

Are you eligible to work in the United States lawfully? YES NO

PROFESSIONAL

CPA Certificate Number _____

Year Obtained _____

State _____

Memberships: _____

Recognition: _____

EDUCATIONAL BACKGROUND

High School	Undergraduate	Undergraduate	Graduate
_____ Name	_____ College/Univ.	_____ College/Univ.	_____ College/Univ.
_____ City/State	_____ City/State	_____ City/State	_____ City/State
From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____
Mo. & Yr of Graduation _____	Mo & Yr. Of Graduation _____	Mo & Yr. Of Graduation _____	Mo & Yr. Of Graduation _____
	_____ Degree	_____ Degree	_____ Degree
I was _____ scholastically in a class of _____ or estimate that I was in the top: <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50%, <input type="checkbox"/> Other	Grade Point Averages Highest Attainable _____ Overall _____ Accounting _____ Major _____ Communication _____	Grade Point Averages Highest Attainable _____ Overall _____ Accounting _____ Major _____ Communication _____	Grade Point Averages Highest Attainable _____ Overall _____ Accounting _____ Major _____ Communication _____

Faculty Reference _____
 Name Address Phone Number

Scholarships or Assistantships: _____

Honors and professional recognition: _____

Important positions held in campus organizations: _____

PERSONAL REFERENCES

(Do not include relatives, past employers or faculty members listed above.)

Name	Address	Phone Number	Occupation	Years Known

EMPLOYMENT HISTORY

Please list your previous work experience, beginning with your current or most recent job. Describe each job separately, emphasizing your specific tasks and responsibilities.

Employer		From (mo.) (year)
Address	Phone Number	To (mo.) (year)
Your title		Full or part-time
Your Supervisor	His/Her title	May we contact?
Reason for leaving		Beginning Salary
		Ending Salary

Please list your duties/responsibilities (be specific):

Employer		From (mo.) (year)
Address	Phone Number	To (mo.) (year)
Your title		Full or part-time
Your Supervisor	His/Her title	May we contact?
Reason for leaving		Beginning Salary
		Ending Salary

Please list your duties/responsibilities (be specific):

Employer	From (mo.) (year)
Address	To (mo.) (year)
Your title	Full or part-time
Your Supervisor	His/Her title
Reason for leaving	Beginning Salary
	Ending Salary

Please list your duties/responsibilities (be specific):

Have you ever been discharged or requested to resign from any position? YES NO If yes, Why? _____

Detail public accounting assignments or other significant work experience which would be of value to you as an employee of our firm: _____

I will be available for employment on _____. I will accept/reject an offer by _____.

Approximate annual compensation expected \$ _____.

APPLICANT'S CERTIFICATION

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, unless otherwise designated, school officials and persons named as references. I also authorize an investigation of financial responsibility through any credit bureau, creditor or financial institution, as well as any record of conviction through the appropriate government agency. I hereby release all employers, schools, creditors, financial institutions, government agencies and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that, if hired, my employment can be terminated with or without notice at any time, for any reason. If I sign an employment contract, I will be obligated under the terms of that agreement. I also understand that no management official is authorized to make any oral assurance or promise of continued employment and that any such promise or agreement must be in writing and signed by an officer of Gardner, Loutzenhiser & Ryan, P.C. I further understand that I may be required to work overtime hours; hours outside a normally defined work day or work week; a different job or a new job or duties to accommodate workload variations and the reasonable needs of Gardner, Loutzenhiser & Ryan, P.C.

I affirm that I have a genuine intent to work for Gardner, Loutzenhiser & Ryan, P.C. in applying for a position and that I am not making application for any other purpose. I understand that this certification is a material part of my application for employment and, if hired, that the offer of employment to me was based in part on the application. My employment by Gardner, Loutzenhiser & Ryan, P.C., if hired, will be governed by the policies and procedures of Gardner, Loutzenhiser & Ryan, P.C. as set forth in its Employee Handbook as modified from time to time and by the policies and procedures of Gardner, Loutzenhiser & Ryan, P.C.

I acknowledge that by signing in the space provided below that I have read the above statements and agreements and understand and agree to the same.

Date _____

Applicant's Signature _____



PREVIOUS EMPLOYMENT CONSENT FORM

I _____ hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Gardner, Loutzenhiser & Ryan., P.C.

Information to be disclosed can include:

- Date and duration of employment
- Pay rate and wage history on the date of receipt of the written consent
- Job description and duties
- Most recent written performance evaluation prepared prior to the date of the request and provided to the employee during the course of his/her employment
- Attendance information
- Results of drug or alcohol tests administered within 1 year prior to the request
- Threats of violence, harassing acts or threatening behavior related to the workplace or directed at another employee.
- Whether employee was voluntarily or involuntarily separated from employment and the reason for the separation.
- Whether the employee is eligible for rehire.

Applicant's Name (Please Print)

Signature

Date