



EMPLOYMENT APPLICATION

Date: _____ **Position Applied For:** Tax Preparer Tax Receptionist Other: _____

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City / State / Zip Code

Phone: _____ Email _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been sanctioned, suspended, or reprimand by the IRS/State? NO YES If yes, explain: _____

Have you ever plead guilty, no contest, or been convicted of any crime? NO YES If yes, explain: _____

Previous Employment

Have you ever worked for this company? YES NO If Yes, when? _____

How were you referred to us? _____

List your previous employment. (Begin with your most recent)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree/Certificate: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree/Certificate: _____

Other Training: _____ Location: _____

From: _____ To: _____ Did you graduate/complete? YES NO Degree/Certificate: _____

Other Training: _____ Location: _____

From: _____ To: _____ Did you graduate/complete? YES NO Degree/Certificate: _____

Skills & Other Information

List anything else you want us to know about you (skills, hobbies, etc.): _____

Availability

When can you start? _____ Desired Salary/Rate? _____

Are there any days/ or times you cannot work? _____ Explain: _____

List the days and times you are available to work in the chart below, do not list any/all be specific:

Day of Week	Start Time	End Time	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

References

*Please list two professional references. **At least one must be unrelated/non-family references.***

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Emergency Contact

Emergency Contact

Primary Person to contact in case of emergency: _____ Relationship: _____

Address: _____ Phone: _____

Secondary Person to contact: _____ Relationship: _____

Address: _____ Phone: _____

Disclaimer, Release, and Signature

All applicants shall have equal employment opportunities with Guardian Tax Corporation (Doing Business As Guardian Tax and Business Services) regardless of race, color, creed, religion, national origin, ancestry, sex, marital status, sexual orientation, disability, age and any other legally protected class within federal law. Employment shall be solely on the Company's need and the individual's qualifications.

I certify and declare under penalty of perjury that I have completed this application, my answers are true and complete to the best of my knowledge, I am signing it freely, and understand the legal consequences. I authorize investigation of all the statements I listed in this application which Guardian Tax Corporation may deem relevant to my employment and authorize my previous employers or other persons having information concerning my records or me to report such information to Guardian Tax Corporation. I hereby release Guardian Tax Corporation, my former employer or other persons who may provide information from any liability as a result of providing such information.

I understand and agree that if it is discovered that the information is untrue or that I have failed to disclose a material fact, any offer of employment made to me by Guardian Tax Corporation may be immediately withdrawn or if I am already employed by Guardian Tax Corporation, I may be subject to immediate dismissal at Guardian Tax Corporation's option.

If I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the company. I am aware of and understand the physical requirements of the job and certify that I can and will perform these requirements in a safe manner, with or without accommodation.

Guardian Tax Corporation only hires United States citizens and aliens lawfully authorized to work in the United States. I understand that I will be required to complete the designated employment eligibility verification I-9 Form as a condition of employment.

I understand that I may be required to undergo drug testing and/ or a background check and that my employment is contingent upon these results. I will complete the necessary authorizations and I understand that I am responsible for paying for my background check.

I understand and agree that if I am employed as a result of this application, my employment will be at-will, which I understand means that I will not be employed for any definite period of time and that my employment may be terminated at any time. At-will employment may only be modified by written agreement by an Officer of the Company.

Signature: _____ Date: _____