



ROBINSONS TAX ASSOCIATION, LLC JOB APPLICATION

* This form will record your name, please fill your name.

1. Name:

2. DOB: *

3. Address: *

4. Email: *

5. Experience and Background *

6. Skills: *

7. Education: *

8. How do you prioritize your workload during the busy tax season? *

9. Do you think you're a good fit for this job? And why. *

10. Can you provide an example of a challenging tax return you prepared and how you approached it? *

11. Are you 18 years or older? *

☐ Yes

☐ No

12. Would you submit to a background check? *

☐ Yes

☐ No

13. Would you agree to a drug test? *

☐ Yes

☐ No

14. Upload a resume. *

 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

15. How do you rate our application process? *



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