

POSITION APPLYING FOR					TODAY'S DATE														
LAST NAME					FIRST NAME					MIDDLE									
STREET ADDRESS					CITY					STATE					ZIP				
HOME PHONE					CELLULAR PHONE					EMAIL									
()					()														
SOCIAL SECURITY NUMBER					DO YOU HAVE A VALID DRIVERS LICENSE?					ARE YOU 18 YRS OF AGE OR OLDER?									
					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No									
PLEASE SPECIFY THE SHIFT IN WHICH YOU ARE ABLE TO WORK.																			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time – Please specify the hours you are available to work on each day:																			
Monday			Tuesday			Wednesday			Thursday			Friday							
HIGH SCHOOL GRADUATE			<input type="checkbox"/> Yes <input type="checkbox"/> No			NUMBER OF YRS COMPLETED			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			GED <input type="checkbox"/> Yes <input type="checkbox"/> No							
HIGH SCHOOL LOCATION									MAJOR SUBJECTS										
COLLEGE (S) ATTENDED									DEGREE(S) AND DATE OF GRADUATION										
CURRENT (OR LAST) EMPLOYER										TITLE									
STREET ADDRESS					CITY					STATE					ZIP				
MONTH					DATES OF EMPLOYMENT					SALARY									
YEAR					TO					MONTH					YEAR				
															(PLEASE SPECIFY MONTHLY OR ANNUALLY)				
															\$				
REASON FOR LEAVING																			
PREVIOUS EMPLOYER										TITLE									
STREET ADDRESS					CITY					STATE					ZIP				
MONTH					DATES OF EMPLOYMENT					SALARY									
YEAR					TO					MONTH					YEAR				
															(PLEASE SPECIFY MONTHLY OR ANNUALLY)				
															\$				
REASON FOR LEAVING																			
PREVIOUS EMPLOYER										TITLE									
STREET ADDRESS					CITY					STATE					ZIP				
MONTH					DATES OF EMPLOYMENT					SALARY									
YEAR					TO					MONTH					YEAR				
															(PLEASE SPECIFY MONTHLY OR ANNUALLY)				
															\$				
REASON FOR LEAVING																			
PLEASE CHECK THE PROGRAMS YOU HAVE EXPERIENCE WITH:																			
<input type="checkbox"/> MS Word			<input type="checkbox"/> MS Excel			<input type="checkbox"/> MS PowerPoint			<input type="checkbox"/> Accounting CS			<input type="checkbox"/> UltraTax			<input type="checkbox"/> QuickBooks				
<input type="checkbox"/> Practice CS			<input type="checkbox"/> Go File Room			<input type="checkbox"/> ProSystem Engagement			<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____				

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES" PLEASE GIVE A DETAILED EXPLANATION DOWN BELOW.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever been fired from a job? (Downsize/layoff is not applicable.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever pled guilty to or been convicted of any criminal offense other than a minor traffic violation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ADDITIONAL COMMENTS OR EXPLANATIONS:

- In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, Eder, Casella & Co. does not discriminate in employment, contracts, or any other activity.

READ CAREFULLY BEFORE SIGNING

I understand that my signature below and the information I have provided established no obligation on the part of Eder, Casella & Co. There has been no implied or expressed guarantee that my completion of this application will necessarily result in my employment. I authorize Eder, Casella & Co. to make any investigation and receive information relevant to my suitability for employment. I agree that if any misrepresentation has been made by me or the results of such investigations are not satisfactory in the judgment of Eder, Casella & Co., any offer of employment may be withdrawn or my employment terminated immediately without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I further authorize any of my references, employers, or schools to furnish information requested by Eder, Casella & Co. and thereby release all such information on record to Eder, Casella & Co.

Please sign here:

Date: