



EMPLOYMENT APPLICATION
Financial Statement Services, Inc., supports a drug free workplace.

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job related medical condition or handicap.

PLEASE PRINT CLEARLY

DATE OF APPLICATION: _____

Position(s) Applied For: _____

Name:
Last, _____ First, _____ Middle _____

Address:
Street _____ City _____ State _____ Zip _____

Telephone: () _____ **Social Security Number:** - - _____

Driver's License Information:
Number, State Issued, Expiration Date _____

Are you prevented from being employed in this country because of VISA or Immigration status?
 Yes No

Have you filed an application here before? Yes No If yes, date: _____
Have you ever been employed here before? Yes No If yes, date: _____
available for work: _____ **Salary Desired:** _____

Available to work: Full Time Part Time Other
 Day Swing Graveyard Other

Are you on lay-off and subject to recall? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

If not, describe the duties and functions you cannot perform, and what we can do to accommodate your limitation:

Education	Name/Location of School	Course of Study	No. of Yrs. Completed	Did You Graduate?	Degree/Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SKILLS AND QUALIFICATIONS

List special skills and qualifications acquired from employment, training or other experience.

PROFESSIONAL MEMBERSHIPS

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin)

ADDITIONAL REFERENCES

List the name, address, telephone and relationship of three references who are not related to you and who are not previous employers.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Do not include organization names, which indicate race, color, religion, sex or national origin.

Employer Name	Dates Employed From:	To:
Address	Hourly Rate/Salary Starting:	Ending:
Supervisor Name/Telephone No.	Reason for Leaving:	
Job Title and Description of Work		

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PLEASE USE ADDITIONAL PAPER IF NEEDED

STATEMENTS

Please state, in 75 words or less: (1) Why would you like to work for this company? And (2) What are your career aspirations?

OTHER INFORMATION

Please state any additional information you feel may be helpful to us in considering your application.

CERTIFICATION/SIGNATURE

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements checked by Financial Statement Services, Inc., (FSSI) unless indicated to the contrary. I authorize the references listed above to provide FSSI any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and person from any and all liability for damages that may result from furnishing such information to FSSI, as well as from the use or disclosure of such information by FSSI or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if hires, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of FSSI and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time either by my option or at the option of FSSI. I understand that no employee or representative of FSSI other than the President of FSSI has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the President of FSSI may not alter the at-will nature of the employment relationship unless he does so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States of America, my ability to pass a pre-employment drug screening, and a background check.

Signature

Date