

Application for Employment

PLEASE PRINT -Application must be complete

RETURN APPLICATIONS TO: careers@accountingpartnersinc.com or 913-592-3753 FAX

Date _____ SSN _____

Name _____
(Last) Print full legal name as it appears on your social security card (First) (Middle)

Street _____

City _____ State _____ Zip Code _____

Telephone Business () _____ Cell () _____ Residence () _____

Fax Number _____ E-Mail Address _____

Positions Applied For Indicate the position(s) for which you are applying in order of preference:

1) _____ 3) _____
2) _____ 4) _____

Do you desire: Full-time Part-time Date available for work: _____
(or notice required at present employment) _____

Do you have any commitments to another employer that might affect your employment with API? (For instance, do you hold another job that you intend to keep?) List days and times that would present a conflict.

Have you been employed by API before? Yes No If yes, list details

Skills List applicable skills in which you are **proficient** _____

List applicable skills in which you are **familiar**, but not proficient _____

List equipment you can operate (related to the position(s) for which you are applying) _____

Drivers License Number and State _____ Type/Class _____ Valid ? _____

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) for issuance:

Educational Data

Mark highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate School: 1 2 3 4

School	List Name and Address of each Institution Attended	List Type of Degree Received	Date Degree Received	Major or Type of Course
High School				
Technical, Junior or Community College				
Four-Year College or University				
Graduate School				
Other				

Military Experience

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From _____ To _____ Rank at Separation _____

Briefly describe your military duties or training if relevant to the position for which you are applying:

General Information

Have you ever been convicted of or plead guilty to a misdemeanor or felony criminal offense? Yes No
Please note that a criminal background investigation is conducted on every API employee. If yes, please explain: (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment. Use additional sheets if necessary.)

Are any of your relatives employed by the API? Yes No If yes, list name, relationship and position

Employment complete all blocks, even if a resume is attached (list most current employer first)

Company Name	Telephone ()
Address	Employed - (Month & Year) From To
Name of Supervisor Title of Supervisor	Salary Start Ending
Your Job Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed - (Month & Year) From To
Name of Supervisor Title of Supervisor	Salary Start Ending
Your Job Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work	Reason for Leaving
Company Name	Telephone ()
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Your Job Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed - (Month & Year) From To
Name of Supervisor Title of Supervisor	Salary Start Ending
Your Job Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work	Reason for Leaving

Indicate any employers that you prefer API not contact:

**VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)**

Accounting Partners Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting. Completion of this data is voluntary and will not affect your opportunity for employment nor your terms or conditions of employment.

PLEASE COMPLETE IN FULL:

Date: _____ Current Position: _____ Applicant's Zip Code: _____

Name: _____ Social Security # _____

Sex: (Circle appropriate response) Male Female Date of Birth: _____

RACE AND ETHNIC IDENTIFICATION:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

_____ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

Continued...

VETERAN STATUS: (Please check one if it describes your veteran status.)

_____ **SPECIAL DISABLED VETERAN:** (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

_____ **VETERAN OF THE VIETNAM ERA:** A Vietnam era veteran is a person who **(1)** served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; **(2)** was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or **(3)** served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

_____ **NEWLY SEPARATED VETERAN:** Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

_____ **OTHER PROTECTED VETERAN:** Any veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.