

## **Tax Union Group**

## **Employment Application**

| Applicant Information                                         |                          |        |          |          |            |    |          |                       |    |
|---------------------------------------------------------------|--------------------------|--------|----------|----------|------------|----|----------|-----------------------|----|
| Full Name:                                                    |                          |        |          |          |            |    |          | Date:                 |    |
|                                                               | Last                     |        | First    |          |            |    | М.І.     |                       |    |
| Address:                                                      | Street Address           |        |          |          |            |    |          | Apartment/Unit #      |    |
|                                                               |                          |        |          |          |            |    |          |                       |    |
|                                                               | City                     |        |          |          |            |    | State    | ZIP Code              |    |
| Phone:                                                        |                          |        |          |          | Email      |    |          |                       |    |
| Date Availat                                                  | ole:                     | Social | Security | / No.:   |            |    | Desire   | d Salary: <u>\$</u>   |    |
| Position App                                                  | olied for:               |        |          |          |            |    |          |                       |    |
|                                                               | tizen of the United Stat |        | YES      | NO       |            |    |          | YES vork in the U.S.? | NO |
| Have you ever worked for this company?  YES NO  If yes, when? |                          |        |          |          |            |    |          |                       |    |
| YES NO Have you ever been convicted of a felony?              |                          |        |          |          |            |    |          |                       |    |
| PTIN number:                                                  |                          |        |          |          |            |    |          |                       |    |
| If yes, explain:                                              |                          |        |          |          |            |    |          |                       |    |
| Education                                                     |                          |        |          |          |            |    |          |                       |    |
| High School                                                   | :                        |        |          | Address  | :          |    |          |                       |    |
| From:                                                         | To:                      | Dic    | d you gr | aduate   | YES<br>? 🔲 | NO | Diploma: |                       |    |
| College:                                                      |                          |        |          | Address  | :          |    |          |                       |    |
| From:                                                         | To:                      | Dic    | d you gr | raduate1 | YES<br>? 🗌 | NO | Degree:  |                       |    |
| Other:                                                        |                          |        |          | Address  | :          |    |          |                       |    |
| From:                                                         | To:                      | Dic    | l you gr | aduate?  | YES        | NO | Degree:  |                       |    |
|                                                               |                          |        |          |          |            |    |          |                       |    |

Please list three professional references.

| Full Name:          |                                      |                |                  | Relationship: |  |
|---------------------|--------------------------------------|----------------|------------------|---------------|--|
| Camananiii          |                                      |                |                  | Phone:        |  |
| Address:            |                                      |                |                  | •             |  |
| Full Name:          |                                      |                |                  | Relationship: |  |
| Company             |                                      |                |                  |               |  |
| Addross:            |                                      |                |                  | Phone:        |  |
| Address.            |                                      |                |                  |               |  |
| Full Name:          |                                      |                |                  | Relationship: |  |
| Company:            |                                      |                |                  | Phone:        |  |
| Address:            |                                      |                |                  |               |  |
|                     | Previous E                           | Employme       | ent              |               |  |
| Company:            |                                      |                |                  | Phone:        |  |
| Addross             |                                      |                |                  | Supervisor:   |  |
| Job Title:          | Starting S                           |                | Ending Salary:\$ |               |  |
| Responsibilities:   |                                      |                |                  |               |  |
|                     | To:                                  |                |                  |               |  |
|                     |                                      | YES            | NO               |               |  |
| May we contact your | previous supervisor for a reference? |                |                  |               |  |
|                     |                                      |                |                  |               |  |
| _                   |                                      |                |                  |               |  |
|                     |                                      |                |                  | Phone:        |  |
| Address:            |                                      |                |                  | Supervisor:   |  |
| Job Title:          | Starting S                           |                | Ending Salary:   |               |  |
| Responsibilities:   |                                      |                |                  |               |  |
| From:               | To:                                  | Reason fo      | or Leaving:      |               |  |
| May we contact your | previous supervisor for a reference? | YES            | NO               |               |  |
|                     |                                      |                |                  |               |  |
| Company:            |                                      |                |                  | Phone:        |  |
| A alabas a a .      |                                      |                |                  | Supervisor:   |  |
| Job Title:          | Starting S                           | Ending Salary: |                  |               |  |
| Responsibilities:   |                                      |                |                  |               |  |
| From:               | To·                                  | Reason fo      | or Leaving       |               |  |

| May we contact your previous supervisor for a reference?                                                                                            | TES                             |        |     |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------|-----|--|--|--|
| Military Service                                                                                                                                    |                                 |        |     |  |  |  |
| Branch:                                                                                                                                             |                                 | From:  | To: |  |  |  |
| Rank at Discharge:                                                                                                                                  | t Discharge: Type of Discharge: |        |     |  |  |  |
| If other than honorable, explain:                                                                                                                   |                                 |        |     |  |  |  |
| Disclaimer and Signature                                                                                                                            |                                 |        |     |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge.                                                                        |                                 |        |     |  |  |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |                                 |        |     |  |  |  |
| Signature:                                                                                                                                          |                                 | Date:_ |     |  |  |  |