

Dopkins & Company, LLP

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Application for Employment

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state and/or local law.

In accordance with the American with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodation for the application and/or interview process should notify the Human Resources Manager. Examples of reasonable accommodations include making a change to the application process, providing written materials in alternative format such as braille, large print or audio recording, using a sign language interpreter, using specialized equipment or modifying testing conditions.

Date of Application: _____

Name: _____
[Print] Last First Middle

Address: _____
Street City State Zip Code

Telephone #: _____ Cellular/Other Phone #: _____ E-mail address: _____

Position Applied For: _____

Referral Source:

Employee of Dopkins & Company, LLP _____
Name of Employee

On-Campus Recruiting _____
Name of School

Internet Job Site (Career Builder, etc.) _____
Site Name

Placement Firm _____
Placement Firm Name

Client of Dopkins & Company, LLP _____
Client Name

Other _____

Have you ever submitted an application here before? Yes No

If **yes**, give date(s) and position(s):

Have you ever been employed here before? Yes No

If **yes**, give dates: From: _____ To: _____

Is this application request for reemployment following an extended military leave of absence from this company? Yes No

Are you lawfully authorized to work in the United States?

Yes No

If you are under 18 and it is required, can you furnish a work permit?

Yes No

Date Available for Work: _____

Do you have adequate transportation to and from work? Yes No

Type of Employment desired:

Full-Time Part-Time Intern Temp/Seasonal

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Are you willing to sign a release for a background check? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Can you work overtime if required? Yes No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? **This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.**

Yes No Need more information about job's "essential functions" to respond

Have you entered into an agreement with any former employer or other party (such as a noncompete agreement) that might, in any way, restrict your ability to work for our company? Yes No

If **yes**, please explain: _____

NOTE TO RHODE ISLAND APPLICANTS: This company is subject to the state's workers' compensation law (Chapter 29-38) unless otherwise noted.

Employment History

Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis.

Employer	Telephone Number					
Street Address	City	State			Zip Code	
Starting job title/final job title	Dates Employed	Month	Year	to	Month	Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? ____ Yes ____ No					
Why did you leave?						
Summarize the type of work performed and job responsibilities.						

Employer	Telephone Number					
Street Address	City	State			Zip Code	
Starting job title/final job title	Dates Employed	Month	Year	to	Month	Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? ____ Yes ____ No					
Why did you leave?						
Summarize the type of work performed and job responsibilities.						

Employer	Telephone Number					
Street Address	City	State			Zip Code	
Starting job title/final job title	Dates Employed	Month	Year	to	Month	Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? ____ Yes ____ No					
Why did you leave?						
Summarize the type of work performed and job responsibilities.						

Employer	Telephone Number					
Street Address	City	State			Zip Code	
Starting job title/final job title	Dates Employed	Month	Year	to	Month	Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? ____ Yes ____ No					
Why did you leave?						
Summarize the type of work performed and job responsibilities.						

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? ____ Yes ____ No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training skills, languages, and/or certificates that may assist you in performing the position for which you are applying:

Educational Background

Starting with your most recent school attended, provide the following information

School (include City and State)	# of Years Completed	Completed <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	Major/Minor
		Completed <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		Completed <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		Completed <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		Completed <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		Completed <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you

Name/Occupation	Relationship to You	Telephone	Email	# of Yrs Known

Related Information

When answering these questions, please exclude any information that would reveal sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's managing partner.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguard will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

Dopkins & Company, LLP does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purposes of limiting or excluding an applicant from consideration for employment on the basis of his or her sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

Mandatory Employer Disclosure

Notice to Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. **Notice to Massachusetts applicants:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. **Notice to Rhode Island applicants:** This company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment. **Notice to North Dakota applicants:** This company complies with North Dakota law prohibiting smoking within 20 feet of an entrance and inside places of employment. **Notice to Indiana applicants:** This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.