

It is the policy of Northwest CPA Group PLLC to consider all applicants without regard to race, religion, color, gender, age, marital status, national origin, disability, Vietnam era, or other veteran status. **Please legibly print all requested information in ink.**

| Personal Data   |                |                             |                         |                                  |
|---|----------------|-----------------------------|-------------------------|----------------------------------|
| Name (Last)   | (First)        | (MI)                        | Home Phone              | Work or Cell Phone               |
| Street Address  |                |                             |                         |                                  |
| City, State, & Zip Code   |                |                             | Social Security Number: |                                  |
| If under the age of 18, please state your date of birth   |                |                             | Salary Requirements:    |                                  |
| Position Applied For:   |                |                             | Date Available:         |                                  |
| Are you capable of performing the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes no If no, please describe:                                     |                |                             |                         |                                  |
| Have you been convicted of a felony in the last 10 years? Yes no If yes, please explain in detail: (A conviction will not necessarily bar you from employment)  |                |                             |                         |                                  |
| Education   |                |                             |                         |                                  |
| Highest level completed: <input type="checkbox"/> High School Diploma <input type="checkbox"/> A.A./A.S.    Certifications:   |                |                             |                         |                                  |
| <input type="checkbox"/> GED <input type="checkbox"/> B.A./B.S. <input type="checkbox"/> M.A./M.S. <input type="checkbox"/> Ph.D. or Equivalent   |                |                             |                         |                                  |
| College/Institution & Location  | Dates Attended | Major/Minor Fields of Study | GPA                     | Degree/Diploma and Date Received |
|   |                |                             |                         |                                  |
|   |                |                             |                         |                                  |
| List any honors or scholarships received:   |                |                             |                         |                                  |
| List professional, trade, business, or civic activities and offices held (you may exclude memberships that would reveal sex, race, religion, national origin, age, disability, or other protected status: |                |                             |                         |                                  |
| Professional References <small>(Individuals who have supervised your work, do not include peers or relatives. Provide current information.)</small>   |                |                             |                         |                                  |
| <small>If the phone number you provide connects to an automated system, you must include an extension. Please supply a direct number if possible.</small>   |                |                             |                         |                                  |
| Name  | Title          | Relationship                |                         |                                  |
| Company   | Location       | Telephone (required)        |                         |                                  |
| Name  | Title          | Relationship                |                         |                                  |
| Company   | Location       | Telephone (required)        |                         |                                  |
| Name  | Title          | Relationship                |                         |                                  |
| Company   | Location       | Telephone (required)        |                         |                                  |

**Employment History** *This section must be completed in full, starting with the most recent position, please list your previous four employers.*

|  |                          |  |                      |
|--|--------------------------|--|----------------------|
| Name of Employer                                 |                          | Position Title   |                      |
| Business Address (Street, City, State, Zip Code) |                          |  |                      |
| Immediate Supervisor                             | Supervisor's Telephone # | May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No | Size/Type of Company |
| Date Employed: From                              | To                       | Starting Salary  | Ending Salary        |
| Description of Duties:                           |                          |  |                      |
| Reason for Leaving:                              |                          |  |                      |

|  |                          |  |                      |
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| Business Address (Street, City, State, Zip Code) |                          |  |                      |
| Immediate Supervisor                             | Supervisor's Telephone # | May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No | Size/Type of Company |
| Date Employed: From                              | To                       | Starting Salary  | Ending Salary        |
| Description of Duties:                           |                          |  |                      |
| Reason for Leaving:                              |                          |  |                      |

|  |                          |  |                      |
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| Business Address (Street, City, State, Zip Code) |                          |  |                      |
| Immediate Supervisor                             | Supervisor's Telephone # | May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No | Size/Type of Company |
| Date Employed: From                              | To                       | Starting Salary  | Ending Salary        |
| Description of Duties:                           |                          |  |                      |
| Reason for Leaving:                              |                          |  |                      |

|  |                          |  |                      |
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| Date Employed: From                              | To                       | Starting Salary  | Ending Salary        |
| Description of Duties:                           |                          |  |                      |
| Reason for Leaving:                              |                          |  |                      |

|  |                          |  |                      |
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| Date Employed: From                              | To                       | Starting Salary  | Ending Salary        |
| Description of Duties:                           |                          |  |                      |
| Reason for Leaving:                              |                          |  |                      |

**Release and Waiver**

I understand that by my signature below, permission is granted to Northwest CPA Group PLLC (NWCPA) to conduct an investigation and to solicit information as to my educational and employment history, character and general reputation, and criminal conviction record. I release NWCPA and all persons or organizations from any liability arising from such statements, their solicitation, or use. I understand that this employment application and any other company documents are not contracts and that any individual who is hired may voluntarily leave or be terminated at any time, with or without cause. I understand that if my employment terminates prior to earning Paid Time Off (PTO) that may be advanced to me, I authorize NWCPA to make an adjustment to my final payroll check to reimburse the Firm, at my rate of pay upon termination, for the number of PTO hours advanced and unearned as of my termination date.

I understand that no representative of NWCPA has any authority to offer to enter into any agreement for any specified period of time or to make any agreement contrary to the foregoing, and that NWCPA is an at-will employer. I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I understand that if I am hired, I will be required within a specified period of time to provide proof of my eligibility to work in the United States. I understand that any false, inaccurate, or omitted statements of a material fact could be cause for rejection of my application or termination of my employment at any time. I have read, understand, and by signature, consent to these statements.

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|