

Employment Application Form



QuickBooks® Pro Advisors • Bookkeeping & Consulting

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 Clarkston, MI 48347
 248.620.1177
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 www.atdsolutions.com
 info@atdsolutions.com

Name: First, M.I., Last			
Present Address/Number and Street:			
City, State, Zip			
Home Phone:		Cell Phone:	
Email Address:		How did you hear about us?	
Position Desired	Full-Time	Part-Time	Minimum Hourly Rate Requested
Have you ever been employed by ATD Solutions LLC? Yes No			
If yes, state dates:			

Employment History

List present/most recent employer first. Please fill out completely even if you provide a resume.

1	Present or Last Employer	City, State	Telephone	May We Contact:	
				Yes	No
	Start Date	End Date	Starting Pay	Ending Pay	Reason For Leaving:
	Job Title:		Full-Time	Part-Time	Immediate Supervisor:
Description of Work Responsibilities:					

2	Present or Last Employer	City, State	Telephone	May We Contact:	
				Yes	No
	Start Date	End Date	Starting Pay	Ending Pay	Reason For Leaving:
	Job Title:		Full-Time	Part-Time	Immediate Supervisor:
Description of Work Responsibilities:					

3	Present or Last Employer	City, State	Telephone	May We Contact:	
				Yes	No
	Start Date	End Date	Starting Pay	Ending Pay	Reason For Leaving:
	Job Title:		Full-Time	Part-Time	Immediate Supervisor:
Description of Work Responsibilities:					

Education

	Name of School	City, State	No. Years Completed	Did You Graduate?	Major Subject
1	High School				

If under 18 years of age, can you submit a work permit after an offer of employment? Yes No

2	College or University				
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3	Graduate or Technical Schools				
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4	Additional Training, Skills, Special Achievements, Certificates or Honors Relevant to Position Applied For:				

Additional Information

If hired, can you provide proof of your legal right to work in the United States? Yes No
 Have you ever been convicted of a felony? Yes No
 Do you have a valid driver's license? Yes No

Name of Whom to Contact In An Emergency	Relationship	Telephone

Business References

Name	City, State	Occupation	Years Known	Telephone

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct without material omissions of any kind. I agree that ATD Bookkeeping Solutions of Oakland LLC may conduct a background investigation prior to employment. I authorize any company, corporation, former employer, educational institute, law enforcement agency or person to give to ATD Bookkeeping Solutions of Oakland, LLC any information that they may have regarding me. Whether or not it is a matter of record, and I specifically release any such aforementioned entity from all liability for any damages whatsoever for providing this information. I realize this information may be obtained through personal interviews with neighbors, friends, or others whom I am acquainted. I understand and agree that should such investigation reveal that I have made any false statements or omitted material facts in this form, I will be subject to rejection as an applicant or dismissal from employment. In consideration of my employment, I agree to conform to the rules and regulations of ATD Bookkeeping Solutions of Oakland, LLC. I specifically understand and acknowledge that my employment and compensation can be terminated, without cause, and without notice, at any time, at the option of either the company or myself. I understand that no supervisor, manager, or representative of ATD Bookkeeping Solutions of Oakland LLC, other than the Partners of ATD Bookkeeping Solutions of Oakland LLC, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Any agreement of any kind pertaining to my employment must be in writing.

Signature: _____ Date: _____