



APPLICATION FOR EMPLOYMENT

Please read carefully before you sign this application. Complete the application even if attaching a resume. If any information is already included in your resume, you may write "See resume."

We appreciate your interest in EOS Accountants LLP ("EOS"). EOS is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant for employment or employee, intern, volunteer, etc., based on race, color, sex, religion, national origin, age (40 and over), disability, military status, genetic information or any other basis protected by applicable federal, state, or local laws. EOS also prohibits harassment of applicants for employment or employees, interns, volunteers, etc., based on any of these protected categories. It is the Company's policy to comply with all applicable federal, state and local laws respecting consideration of unemployment status in making hiring decisions.

EOS offers reasonable accommodations in the hiring and employment process for individuals with disabilities. If you need assistance in the application or hiring process to accommodate a disability, you may request an accommodation at any time.

Note to Applicants: Smoking is prohibited in all indoor areas of EOS unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

DATE OF APPLICATION: _____

DESIRED POSITION: _____

(Audit/Tax/Payroll/Accounting – Intern * Paraprofessional * Staff * Senior * Manager * Senior Manager)

(Administration/Human Resources/Information Technology – Staff * Manager)

WHICH OFFICE(S) ARE YOU APPLYING FOR (IN ORDER OF PREFERENCE)? _____

(Hackensack, NJ * Detroit, MI * Chicago, IL * Houston, TX * Los Angeles, CA * San Jose, CA * Honolulu, HI)

GENERAL INFORMATION				
PLEASE COMPLETE ALL REQUESTED INFORMATION				
FULL NAME	LAST	FIRST	MIDDLE	
PRESENT ADDRESS	STREET	CITY	STATE	ZIP
TELEPHONE #	() -	EMAIL		
WHAT IS THE BEST WAY TO CONTACT YOU?				
ARE YOU AT LEAST 18 YEARS OLD?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THERE ANY INFORMATION WE WOULD NEED ABOUT YOUR NAME, OR USE OF ANOTHER NAME, FOR US TO BE ABLE TO CHECK YOUR WORK AND EDUCATIONAL RECORD?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE SPECIFY:				
HAVE YOU PREVIOUSLY WORKED FOR OR APPLIED FOR A POSITION WITH EOS, IN ANY OF OUR LOCATIONS EITHER AS AN EMPLOYEE OR THROUGH AN EMPLOYMENT AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO				

LAST NAME _____ FIRST NAME _____

IF YES, PLEASE EXPLAIN WHEN AND, IF EMPLOYED, IN WHAT CAPACITY:

ARE YOU RELATED TO OR IN A CLOSE PERSONAL RELATIONSHIP WITH ANYONE NOW EMPLOYED AT EOS? (AN ANSWER OF "YES" WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM THE POSITION FOR WHICH YOU ARE APPLYING.)

YES NO

IF YES, STATE NAME(S) AND WHERE THEY ARE LOCATED.

WORK PERMISSION / SCHEDULE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (E.G. H-1B STATUS)?

YES NO

I AM AVAILABLE AND DESIRE TO WORK:

FULL-TIME (40 HOURS) BEGINNING _____

* PART-TIME (LESS THAN 40 HOURS) BEGINNING _____ AT _____ HRS/WK

* ON A SEASONAL BASIS FROM _____ TO _____ AT _____ HRS/WK

*PLEASE COMPLETE THE SCHEDULE BELOW TO SHOW THE HOURS EACH DAY YOU ARE AVAILABLE TO WORK.

AVAILABLE	MON	TUE	WED	THU	FRI
FROM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
TO	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE.

DESIRED SALARY \$ _____

ARE YOU AVAILABLE TO WORK OVERTIME AS NEEDED? YES NO

IF YES, ARE YOU AVAILABLE WEEKDAYS? YES NO

WEEKENDS? YES NO

REFERRAL INFORMATION

HOW DID YOU HEAR ABOUT EOS?

EMPLOYMENT AGENCY (STATE NAME):

SCHOOL (STATE NAME):

REPUTATION OF COMPANY:

NEWSPAPER AD (NAME OF PAPER):

REFERRAL (STATE NAME):

OTHER:

WORK EXPERIENCE

ALL EMPLOYERS INCLUDING YOUR CURRENT EMPLOYER MAY BE CONTACTED TO VERIFY THE INFORMATION YOU PROVIDE. PLEASE LIST YOUR PRESENT AND PREVIOUS EMPLOYERS FOR AT LEAST THE LAST 10 YEARS. BEGIN WITH THE MOST RECENT EMPLOYER [1] (ATTACH ADDITIONAL SHEETS IF NECESSARY).

1	EMPLOYER	FROM		JOB TITLE
		MO	YR	
NAME OF COMPANY				
ADDRESS	To		NAME & TITLE OF IMMEDIATE SUPERVISOR	
	MO	YR		
CITY, STATE, ZIP	TELEPHONE #:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

TYPE OF BUSINESS

DESCRIBE YOUR DUTIES

REASON FOR LEAVING (PLEASE EXPLAIN)

EXPLAIN ANY PERIOD BETWEEN JOBS

2	EMPLOYER	FROM		JOB TITLE
		MO	YR	
NAME OF COMPANY				
ADDRESS	To		NAME & TITLE OF IMMEDIATE SUPERVISOR	
	MO	YR		
CITY, STATE, ZIP	TELEPHONE #:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

TYPE OF BUSINESS

DESCRIBE YOUR DUTIES

REASON FOR LEAVING (PLEASE EXPLAIN)

EXPLAIN ANY PERIOD BETWEEN JOBS

3	EMPLOYER	FROM		JOB TITLE
		MO	YR	
NAME OF COMPANY				
ADDRESS	TO		NAME & TITLE OF IMMEDIATE SUPERVISOR	
	MO	YR		
CITY, STATE, ZIP	TELEPHONE #:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF BUSINESS				
DESCRIBE YOUR DUTIES				
REASON FOR LEAVING (PLEASE EXPLAIN)				
EXPLAIN ANY PERIOD BETWEEN JOBS				
4	EMPLOYER	FROM		JOB TITLE
		MO	YR	
NAME OF COMPANY				
ADDRESS	TO		NAME & TITLE OF IMMEDIATE SUPERVISOR	
	MO	YR		
CITY, STATE, ZIP	TELEPHONE #:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF BUSINESS				
DESCRIBE YOUR DUTIES				
REASON FOR LEAVING (PLEASE EXPLAIN)				
EXPLAIN ANY PERIOD BETWEEN JOBS				

PROFESSIONAL REFERENCES									
INDIVIDUALS NOT RELATED TO YOU. BUSINESS REFERENCES PREFERRED.									
1	<table border="1"> <tr> <td>NAME</td> <td>TELEPHONE # () -</td> </tr> <tr> <td>ADDRESS</td> <td>CITY, STATE, ZIP</td> </tr> <tr> <td>EMAIL</td> <td>OCCUPATION</td> </tr> <tr> <td colspan="2">YEARS KNOWN AND CAPACITY</td> </tr> </table>	NAME	TELEPHONE # () -	ADDRESS	CITY, STATE, ZIP	EMAIL	OCCUPATION	YEARS KNOWN AND CAPACITY	
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EMAIL ADDRESS									

EDUCATION AND TRAINING			
TYPE	NAME/ADDRESS	# YEARS COMPLETED	DEGREE/DIPLOMA & MAJOR/FIELD
HIGH SCHOOL			<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____
COLLEGE			<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____
POST-GRADUATE			<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____
BUSINESS/TRADE/TECH			<input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____

JOB-RELATED SKILLS AND QUALIFICATIONS
<p>PLEASE LIST ANY OTHER EXPERIENCE, SKILLS, OR OTHER QUALIFICATIONS, THAT ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING. (Examples: CPA/EA; Language fluency; Computer skills)</p>

ADDITIONAL EMPLOYMENT INQUIRIES
IF APPLYING FOR A POSITION THAT WILL INCLUDE DRIVING:
IF HIRED, CAN YOU PROVIDE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF HIRED, YOU MAY BE REQUIRED TO PROVIDE EVIDENCE OF INSURANCE OR INSURABILITY
EMERGENCY CONTACT
NAME: _____ PHONE NUMBER: _____

APPLICANT'S STATEMENT & ACKNOWLEDGEMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: _____ I certify that all the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice

Initial: _____ I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by EOS.

Initial: _____ I understand that if I am offered employment, I may be required to sign a non-solicitation and nondisclosure agreement, as a condition of the employment.

Initial: _____ I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial: _____ I hereby authorize, to the extent allowed by applicable federal state and local laws, EOS to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Company information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure.

Initial: _____ I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: _____ I understand that the Company may not ask or require applicants to disclose past salary, wages or other compensation.

Initial: _____ I waive my right under California Civil Code 1786.53 to receive a copy of any public records obtained by the company to evaluate my application.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between EOS and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between EOS and me on such issues.

APPLICANT'S SIGNATURE:	DATE:
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This application will only be considered for 90 days. If you have not been hired within 90 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.