

Application for Employment

It is our policy to comply with all applicable provincial and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. Please also attach a résumé to this application, then email both to admin@hbataxservices.com.

“Employer”	Position applying for
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PERSONAL DATA

Name (last, first, middle)			
Street Address and/or Mailing Address	City	Province	Postal
Home Telephone Number	Business Telephone Number	Cellular Telephone Number	
Date you can start work	Salary Desired	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

POSITION INFORMATION

Check all that you are willing to work. Some options are only applicable for the tax season, or may not apply to your position.

Hours: Full Time <input type="checkbox"/>	Days <input type="checkbox"/>	Overtime <input type="checkbox"/>	Status: Regular <input type="checkbox"/>
Part Time <input type="checkbox"/>	Evenings <input type="checkbox"/>	Holidays <input type="checkbox"/>	Temporary <input type="checkbox"/>
Weekends <input type="checkbox"/>	Are you authorized to work in Canada on an unrestricted basis? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) If yes, explain:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you perform these essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			

QUALIFICATIONS

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, and vocational or technical programs.

	School Name	Degree	Address/City/Province
School			
School			
Other			

SPECIAL SKILLS

List any special skills or experience that you feel would help you in the position that you are applying for (organizations/teams, accounting, etc.)

REFERENCES

Please list three professional references not related to you, with full name, address, phone number, and relationship. If you do not have three professional references, then list personal, unrelated references.

Name	Address/City/Province	Phone	Relationship

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Job Title #1	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	Province	Postal
Duties:		
Reason for Leaving		

May we contact your most recent employer? Yes No N/A

Job Title #2	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	Province	Postal
Duties:		
Reason for Leaving		

Job Title #3	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	Province	Postal
Duties:		
Reason for Leaving		

Job Title #4	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	Province	Postal
Duties:		
Reason for Leaving		

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that a background check is required by the employer and may be asked for at any time. I am prepared to acquire a background check prior to the start of my employment. I understand that the results of my background check may result in the termination of my candidacy.

Applicant Signature

Date