

# cHb Advisors, llc

## EMPLOYMENT APPLICATION



We are interested in your qualifications and experience. Please help us evaluate your qualifications by filling out this form completely and accurately in ink. We consider applicants for all positions without regard to race, sex, religion, national origin, marital status, age, pregnancy, disability or Vietnam-era veteran status. If you have a disability which may require an accommodation for you to participate in our application process, please make us aware of any accommodation prior to attempting to complete the process. This application will be treated as a confidential record. If employed, it becomes part of your permanent record. **APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS.**

**PLEASE COMPLETE PAGES 1-5 and SIGN PAGE 6** Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone(    ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired    \_\_\_ FULL-TIME ONLY    \_\_\_ PART-TIME ONLY    \_\_\_ FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing Address)	NUMBER OF YEARS	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

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Total hours of accounting upon completion of final degree _____				
Approximate number of hours per week of outside employment during this academic year _____				
Have you passed the CPA examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", in which state _____				
Scholarships / Honors _____				
Participation in school activities (e.g. Class Organizations, Athletics, Publications)				
College _____				
_____				
High School _____				
_____				
Comments _____				
_____				

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffer  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_  
Have you had any moving violations during the part three years? How many? \_\_\_\_\_

Have you ever had bills go in arrears for 60days or more?  No  Yes – Explain: \_\_\_\_\_

\_\_\_\_\_

Within the past seven years, have you ever been convicted or plead guilty to a crime other than a traffic violation?  
(A conviction will not necessarily disqualify an applicant for employment)  
 No  Yes – Explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been fired or asked to leave or resign a position?  No  Yes – Explain: \_\_\_\_\_

\_\_\_\_\_

May we contact your current employer?  No  Yes

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?  No  Yes  
(Proof of work status will be required upon employment)

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How did you happen to contact us?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Campus            | <input type="checkbox"/> Job Fair                  | <input type="checkbox"/> Staffing Agency – Source: _____   |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> www.cHbAdvisors.com       | <input type="checkbox"/> Team Member Referral –Name: _____ |
| <input type="checkbox"/> Walk – In         | <input type="checkbox"/> Unsolicited Resume        | <input type="checkbox"/> Advertisement – Source: _____     |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Business/Technical School | <input type="checkbox"/> Internet – Source: _____          |
|  |  | <input type="checkbox"/> Other – List: _____               |

- Have you ever applied/interviewed with us before?     No                       Yes – Specify Date: \_\_\_\_\_
- Have you ever been employed with us before             No                       Yes – Specify Date: \_\_\_\_\_

Name any relatives currently working for cHb: \_\_\_\_\_

Name any friends currently working for cHb: \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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### Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at the company.			

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Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at the company.			



**GENERAL SKILLS**  
Please identify areas of proficiency

Type	Years of experience	Date last used	Level of proficiency	Type	Years of experience	Date last used	Level of proficiency
<input type="checkbox"/> Accounting				<input type="checkbox"/> Ten-Key			
<input type="checkbox"/> Basic Programming				<input type="checkbox"/> Transcription			
<input type="checkbox"/> Computer Operations				<input type="checkbox"/> Typing			
<input type="checkbox"/> Data Entry				<input type="checkbox"/> Word Processing			
<input type="checkbox"/> Shorthand				<input type="checkbox"/> Other			

**Software Packages**

<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Lotus Notes <input type="checkbox"/> QuickBooks <input type="checkbox"/> Tax Processing	<input type="checkbox"/> Network Applications: _____ _____ <input type="checkbox"/> Other – Specify: _____ _____ <input type="checkbox"/> Research: _____ _____
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1. I declare this completed application for employment to be a complete and truthful statement of all facts requested and understand that my misstatement, omission of fact, or misleading information on this application or in my interview may result in a refusal to hire or, if employed, may subject me to discharge at any time after its discovery.
2. I agree to have references, credit and criminal background investigations, with the knowledge they will become part of my employee record. I hereby authorize my former employers and references named to furnish any information concerning me and release them from any and all liabilities or damages of any nature because of furnishing such information. I agree to disclose, prior to my employment with cHb, any current secondary employment and understand I must request approval to maintain any secondary employment in accordance with the Employment Policy of cHb.
3. I authorize the release of my educational transcripts to cHb for purposes of employment review.
4. I understand that if I am offered employment by cHb, my employment will be "at will" meaning that at all times I remain free to terminate my employment with or without cause and with our without notice, although cHb requests two weeks' advance notice. Likewise, cHb will be free to terminate my employment at any time with our without cause and with our without advance notice and without liability for wages and salary except such earned at the date of such termination. I also understand that "at will" status cannot be altered except by an individual employment agreement signed by cHb
5. I agree that if upon termination of my employment I have loans and/or other obligations to cHb or any of its affiliates, that my salary, or other payments due to me (e.g. payments due from cHb sponsored employee insurance programs) may be used to repay those obligations, to the maximum extent permitted by law.
6. I understand that I have an obligation to inform cHb of any changes such as phone number, address, marital status, etc.
7. I understand that I may be asked to take a polygraph test and/or have additional credit investigations run during my employment with cHb.
8. I understand my application will be maintained in an applicant pool at cHb for a period of 90 days. After 90 days, my application will be considered "inactive" and will no longer be considered or evaluated for potential job openings.
9. I understand that I must disclose all contracts/agreements made between myself and cHb or its designates at this time. Such contracts/agreements must be in writing and in accordance with cHb policy and signed by the Managing Partner of cHb to be valid. Failure to disclose this information at this time will render the agreement invalid. Please attach such contracts/agreements, if applicable).
10. I understand that I may be asked to undergo drug screening during my employment as requested by cHb Advisors, at no personal expense. I also agree that the drug testing facility may disclose as permitted by applicable law to cHb Advisors or its representatives the results of such screening. I understand that my continued employment may be conditioned on the findings of this examination, if requested.
11. I understand that I agree to complete a pre-employment profile assessment with the knowledge it may become part of my permanent record.
12. I understand that if I receive an offer of employment I may be asked to take a physical exam prior to my employment with cHb Advisors. In addition, I may be asked to take a complete physical examination during my employment at the option of cHb Advisors, at no personal expense. I also agree that the examining physician or facility may disclose as permitted by applicable law to cHb Advisors or its representatives the results of such examination. I understand that my continued employment may be conditioned on the findings of this examination, if requested.

\_\_\_\_\_  
Signature of Applicant \*

\_\_\_\_\_  
Date

\* Are there any other names under which your credit, education transcripts, or employment record would be listed

Yes  No If "yes", please list: \_\_\_\_\_