



# SCHMITZ- HOLMSTROM

CERTIFIED PUBLIC ACCOUNTANTS

## Application for Employment

1400 W Century Ave, Bismarck, ND 58503 701-221-2655

**Name:**

**Phone:**

\_\_\_\_\_  
Last, First, Middle Initial

\_\_\_\_\_  
Day

**Address:**

\_\_\_\_\_  
Night

\_\_\_\_\_  
Street

\_\_\_\_\_  
Cell

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email

**Position Desired:**

**Starting Salary Required:**

**Availability:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you interested in: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal

Would you also expect to work elsewhere? \_\_\_\_\_ Yes \_\_\_\_\_ No

Preferred # of hours per week: \_\_\_\_\_ If accepted, when can you start? \_\_\_\_\_

Are you related to a Schmitz-Holmstrom CPA employee or board member? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give name and relationship: \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

Do you have the legal right to remain and work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of any criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you worked under another name in the past ten years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what other name: \_\_\_\_\_

## Employment

List below all present and past employers beginning with your most recent.

Company Name (Address and Phone Number)

Title and Description of the work you did:

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Starting Salary: \$ \_\_\_\_\_

From (Mo. / Year): \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_

To (Mo. /Year): \_\_\_\_\_

Name of Supervisor(s):

Reason for Leaving:

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Company Name (Address and Phone Number)

Title and Description of the work you did:

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Starting Salary: \$ \_\_\_\_\_

From (Mo. / Year): \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_

To (Mo. /Year): \_\_\_\_\_

Name of Supervisor(s):

Reason for Leaving:

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Company Name (Address and Phone Number)

Title and Description of the work you did:

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Starting Salary: \$ \_\_\_\_\_

From (Mo. / Year): \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_

To (Mo. /Year): \_\_\_\_\_

Name of Supervisor(s):

Reason for Leaving:

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May we contact employers listed above?  Yes  No \_\_\_\_\_

If no, indicate which one(s) you do not wish us to contact.

Additional Experience or Qualifications: \_\_\_\_\_

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Explain any gaps in work history: \_\_\_\_\_

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## Skills

Indicate your skills and abilities in the following areas, if applicable to the position in which you are applying.

Proficiency Level (5 = Excellent ; 1 = Poor)

Examples: Adding machine, multi-line phone, PC, Mac, Windows, Microsoft Office, Adobe

Equipment Operated: \_\_\_\_\_

\_\_\_\_\_

Computers Operated: \_\_\_\_\_

\_\_\_\_\_

Software Operated: \_\_\_\_\_

\_\_\_\_\_

## Education

High School (Name and Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate?  Yes  No

GPA: \_\_\_\_\_

College or University (Name and Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate?  Yes  No

GPA: \_\_\_\_\_

Course of Study (Major/Minor):

\_\_\_\_\_

List Degree or Certificate

\_\_\_\_\_

Other (Name and Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years Completed: \_\_\_\_\_

Did you graduate?  Yes  No

GPA: \_\_\_\_\_

Are you attending school or taking courses now?  Yes  No \_\_\_\_\_

If yes, please list where you are attending.

List Scholastic Honors: \_\_\_\_\_

## References

Please do not refer to previous employer or relatives

Reference #1

Reference #2

Reference #3

Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PLEASE READ CAREFULLY BEFORE SIGNING

All qualified applicants will receive consideration for employment without regard to age, race, religion, sex, marital status, color, national origin, disability, veteran status or any other status protected under local, state or federal laws. No information on this application will be used for the purpose of discrimination.

I understand that receipt of this application by Schmitz-Holmstrom CPA does not guarantee a job interview or offer of employment.

I voluntarily grant Schmitz-Holmstrom CPA the right to investigate the statements made in this application as well as other job-related information and activities. I also authorize my previous employers to supply my employment record, in confidence, in whole or in part, to Schmitz-Holmstrom CPA.

I authorize SH LLP to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to SH LLP and will hold SH LLP and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize SH LLP to obtain any credit, criminal, and consumer check.

I understand that the employment for which I am applying is not guaranteed for any particular length of time and that either Schmitz-Holmstrom CPA or I remain free to terminate the relationship at any time.

I am acknowledging notification that smoking is prohibited in Schmitz-Holmstrom CPA properties including Schmitz-Holmstrom CPA owned vehicles.

I certify that the statements I have made on this application are true. I understand that falsification of any statements made by me on this application is grounds for disqualification from further consideration or for immediate dismissal from employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

**Background Check Authorization Form  
Consent for Criminal Background History Check  
Authorization/Waiver/Indemnity**

**Each potential employee must sign an authorization/waiver/indemnity form, giving approval for Schmitz-Holmstrom, LLP to perform a criminal background check.**

I hereby give my permission to Schmitz-Holmstrom, LLP to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for an employment position with the firm. I also understand that as long as I remain an employee here, the criminal history records check may be repeated at any time.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Schmitz-Holmstrom, LLP and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of the Schmitz-Holmstrom, LLP) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become an employee.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name (last, first) \_\_\_\_\_  
List maiden name or any other name used

Gender: Male Female Date of Birth (month/day/year): \_\_\_\_\_

Address History (past 5 years required) Social Security Number: \_\_\_\_\_

Current Address: _____	_____	_____	_____	_____
Street	City	State	#	Yrs at Address
Previous Address: _____	_____	_____	_____	_____
Street	City	State	#	Yrs at Address
Previous Address: _____	_____	_____	_____	_____
Street	City	State	#	Yrs at Address
Previous Address: _____	_____	_____	_____	_____
Street	City	State	#	Yrs at Address

**OFFICE USE ONLY:**

Background check report received by: \_\_\_\_\_ on \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_