

Application Date:



Employment Application

Davis Farr LLP is an equal opportunity employer and does not discriminate on the basis of age, race, religion, color, sex, national origin, sexual orientation, ancestry, military status, marital status or physical or mental ability. You will be required to complete and sign USCIS Form I-9, Employment Eligibility Verification, and present acceptable forms of unexpired identification as listed on page 4 of USCIS Form I-9.

PERSONAL INFORMATION

(Last Name, First Name, Middle Name)

(Social Security # - *applicant should password protect pdf*)

PRESENT ADDRESS:

(Street, City, State, Zip Code)

(Phone)

PERMANENT ADDRESS (if different):

(Street, City, State, Zip Code)

(Email Address)

EMERGENCY CONTACT:

(Last Name, First Name)

(Relationship)

(Street, City, State, Zip Code)

(Phone)

WORK PREFERENCE / CPA ELIGIBILITY / OTHER INFORMATION

POSITION DESIRED:

(Title)

(Salary Expectations)

(Date Available)

What type of work do you wish to do? _____

Employment Desired:

Full Time

Part Time

Temporary

Seasonal

Would you consider a contract assignment?

Yes

No

Possibly

Are you CA CPA eligible now?

Yes

No (If no, your Eligible Date is: _____)

Do you have 150 credit hours of education, as required by AICPA?

Yes

No (If no, Expected Date of Completion is: _____)

Have you previously applied for employment at Davis Farr LLP?

Yes

No (If yes, when: _____)

Are you legally authorized to work in the U.S. for any/ all employers, including federal contractors? Yes No

If no, will you require a sponsorship in the future and, if so, please identify the type of sponsorship you are seeking? _____

Please identify any family member(s) currently employed by Davis Farr LLP: _____

Davis Farr LLP Notice/Disclosure and Authorization for Release of Information

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Davis Farr LLP may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history including current position, worker’s compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by Justifacts, 5250 Logan Ferry Rd, Murrysville, PA 15668, 1.800.356.6885, www.justifacts.com. The scope of this notice and authorization is all-encompassing, however, it allows Davis Farr LLP to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Name:

(Last Name, First Name, Middle Name)

Drivers License Information:

(License Number, Issuing State, Issuance Date, Expiration Date)

Current Address:

_____ *(How long at this address)*
(Street, City, State, Zip Code)

Previous Last Names or Other Alias:

Please list any other previous residences for the last 7 years (Include address, city, state, zip code, and dates):

- 1. _____ 2. _____
- _____
- _____

(Print Name)

(Signature)

(Date)

State Specific Notices

Notice to California Residents: Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts (**5250 Logan Ferry Rd, Murrysville PA 15626 – 800-356-6885, www.justifacts.com**), upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you to whom Justifacts has previously furnished within the three-year period preceding your request. Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows: (1) In-person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided. (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer. Justifacts shall provide trained personnel to explain to you any information furnished, including coded information. You are permitted to be accompanied by one other person of your choosing, who shall furnish reasonable identification. Justifacts may require you to furnish a written statement granting permission to Justifacts to discuss your file in such person's presence.