



**Date:**

**Position for which you are applying:**

**Salary desired:**

**Date available:**

**Referred by:**

## **APPLICATION FOR EMPLOYMENT**

We appreciate your interest in working at the Virginia Society of Certified Public Accountants (VSCPA). As an equal opportunity employer, the VSCPA does not discriminate against any qualified individual because of race, color, religion, sex, age, national origin, sexual orientation, gender expression, disability, status as a veteran or member of the uniformed services, or other protected characteristics.

This application form was designed for use by persons applying for various types of positions: professional, technical, clerical and administrative. Please answer only the questions that apply.

### **PLEASE PRINT**

**Name (First, middle and last):**

**Address:**

**City/State/ZIP:**

**Phone:**

**Email:**

If hired, can you provide proof that you are at least 18 years of age, or if under, do you have a permit to work?

Yes      No

If no, please explain:

If hired, can you provide proof that you are eligible to work in the United States?

Yes      No

If no, please explain:

## EMPLOYMENT HISTORY

Starting with the most recent employer, list your three most recent full- and part-time jobs in reverse chronological order.

**Last/present employer:**

**Address/City/State/ZIP:**

**Employment beginning date (month/year):**

**Ending date (month/year):**

**Summary of work duties:**

**Job title:**

**Supervisor's name and title:**

**May we contact?            Yes            No**

**If yes, phone number:**

**If no, may we contact employer only?**

**Yes            No**

**Reason for leaving:**

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**Previous employer:**

**Address/City/State/ZIP:**

**Employment beginning date (month/year):**

**Ending date (month/year):**

**Summary of work duties:**

**Job title:**

**Supervisor's name and title:**

**May we contact?            Yes            No**

**If yes, phone number:**

**If no, may we contact employer only?**

**Yes            No**

**Reason for leaving:**

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**Previous employer:**

**Address/City/State/ZIP:**

**Employment beginning date (month/year):**

**Ending date (month/year):**

**Summary of work duties:**

**Job title:**

**Supervisor's name and title:**

**May we contact?            Yes            No**

**If yes, phone number:**

**If no, may we contact employer only?**

**Yes            No**

**Reason for leaving:**

## EDUCATION AND TRAINING

Have you received a high school diploma or its equivalent?

Yes No

## OTHER EDUCATION

| Name and location of school | Major | Degree received? |    |
|-----------------------------|-------|------------------|----|
|                             |       | Yes              | No |
|                             |       | Yes              | No |
|                             |       | Yes              | No |
|                             |       | Yes              | No |
|                             |       | Yes              | No |

List any professional, trade, business or civic activities, offices held or certifications received that you believe may be relevant to your qualification for the position for which you are applying:

Check any computer skills or software experience you possess if you believe they are relevant to the position for which you are applying:

|                             |                            |                               |
|-----------------------------|----------------------------|-------------------------------|
| Adobe Acrobat               | Marketing software         | Grassroots advocacy platforms |
| Adobe InDesign              | Microsoft Excel            | Social media                  |
| Adobe Photoshop             | Microsoft PowerPoint       | Videoconferencing             |
| Database software           | Microsoft Word             | Video editing software        |
| CMS platforms               | MAC                        | Other:                        |
| Course development software | PC                         | Other:                        |
| Teams                       | Online community platforms | Other:                        |

## ADDITIONAL INFORMATION

Have you ever been disciplined or discharged for:

|     |    |   |
|-----|----|---|
| Yes | No | Absenteeism   |
| Yes | No | Tardiness   |
| Yes | No | Insubordination   |
| Yes | No | Theft or unauthorized removal of company property         |
| Yes | No | Fighting or assault                                       |
| Yes | No | Violating organization safety rules                       |
| Yes | No | Violating organization alcohol & drug possession policies |

If the answer to any of these questions is "Yes," please explain:

Have you ever been convicted of a crime?      Yes      No

If the answer to this question is "Yes," please explain:

*A conviction record will not necessarily be a bar to employment.*

## REFERENCES

| Name | Address & phone number | Business | Years known |
|------|------------------------|----------|-------------|
|------|------------------------|----------|-------------|

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal if I am employed. I hereby authorize every one of the former employers designated on this application to answer any questions about my employment, including assessments of my job performance and ability, which may be requested by the Virginia Society of Certified Public Accountants in connection with my application for employment with the Virginia Society of Certified Public Accountants. Furthermore, I hereby release each and every one of my former employers from any and all liability, of any type, for providing accurate information. I hereby authorize the Virginia Society of Certified Public Accountants to perform checks on my school credentials for any or all of the schools listed on this application.

In consideration of my employment, if hired, I understand that, just as I retain the right to resign, without notice or cause, the Virginia Society of Certified Public Accountants has the same right with respect to termination of my employment. I understand that my employment is for no definite term, regardless of any other oral or written statement by any Virginia Society of Certified Public Accountants officer or representative, with the exception of an express written employment contract signed by the President/CEO.

**Applicant's signature:**  
**Print applicant's name:**

**Date:**

*Please return this employment application to the attention of Human Resources at the Virginia Society of Certified Public Accountants by mail to 4309 Cox Road, Glen Allen, VA 23060, or by email to [hr@vscpa.com](mailto:hr@vscpa.com).*