



**EDUCATION**

School	Name and Address of School	Course of Study	Diploma / Degree
High School			
Undergraduate College			
Graduate / Professional			
Other (Specify)			

**WORK EXPERIENCE**
**Registration/Certification (List the State, Reg./Cert. No. and Expiration Date, i.e. IL 062-000000-01/2000)**

\_\_\_\_\_

\_\_\_\_\_

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Comments: Include explanation of any gap in employment.**


**ADDITIONAL INFORMATION**

<b>Other Qualifications</b> Summarize special job-related skills and qualifications acquired from employment or other experience.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_Yes \_\_\_\_No

**PERSONAL/PROFESSIONAL REFERENCES**      Do not include family members.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

**APPLICANT'S STATEMENT**

1. I certify that answers given herein are true and complete. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or termination from Homer L. Chastain & Associates, LLP. I understand, also, that I am required to abide by all rules and regulations of the employer.

2. Any offer of employment I may receive from Homer L. Chastain & Associates, LLP is contingent upon my successful completion of the company's total pre-employment screening process, including the Company's receiving references that it considers satisfactory and my completion of any post-offer pre-employment physical examination that the Company may require.

3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Homer L. Chastain & Associates, LLP.

4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, if any, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I authorize investigation of all statements made in the employment process, including but not limited to, statements contained in this application for employment as may be necessary in arriving at an employment decision.

5. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any

employment relationship with this organization is of an “*at will*” nature, which means that Employee may resign at any time and the Company may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

6. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

7. I agree that any lawsuit or claim relating to my employment with Homer L. Chastain & Associates, LLP must be filed within six (6) months after the date of the employment action that is the subject of the lawsuit or claim. I waive any statute of limitations to the contrary.

Driver’s License Restrictions/Traffic Violations/Accident Record (Answered “Yes” to above)

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Crime Conviction (Answered “Yes” to above)

Nature of Offense: \_\_\_\_\_

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Date of Conviction: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

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Signature of Applicant	Date
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