

## CANDIDATE APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age marital or veteran status, or the presence of a non-job-related medical condition or handicap.

### PERSONAL INFORMATION

Date:	Available Start Date:	Referral Source:		
Last Name:	First Name:	M.I.	Nickname:	
Address:		City:	State:	Zip:
Home Phone:	Cell Phone:	Email Address:		
Emergency Contact Name:	Emergency Contact Phone:	Relationship:		

Are you eligible to work in the U.S? ☐ Yes ☐ No If no, what is your citizenship/residency status:

### If you are interested in Contract Placement please fill out this next section

What part of town do you prefer to work in?

Please indicate what hours you are available to work each day:

Do you have any future plans that could interfere with your availability? If so, please indicate the period or periods of time when you will be unavailable for placements.

### EDUCATION

High School:	City:	State:	Major:	GPA:
College/University Attended:	City:	State:	Major:	GPA:
Additional School(s) Attended:	City:	State:	Major:	GPA:

### EMPLOYMENT HISTORY

Current or most recent Employer:	Type of Business:	Estimated Revenue:	From:	To:
Address:		City:	State:	Zip:
Your Title:	Supervisor's Name:	Supervisor's Title:	May we contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Phone:	Supervisor's E-mail Address:			
Reason for Leaving:				



Previous Employer:	Type of Business:	Estimated Revenue:	From:	To:
Address:		City:	State:	Zip:
Your Title:	Supervisor's Name:	Supervisor's Title:	May we contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Phone:	Supervisor's E-mail Address:			

Reason for Leaving:

Previous Employer:	Type of Business:	Estimated Revenue:	From:	To:
Address:		City:	State:	Zip:
Your Title:	Supervisor's Name:	Supervisor's Title:	May we contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Phone:	Supervisor's E-mail Address:			

Reason for Leaving:

## CREDENTIALS

Please provide any active certifications you currently hold.

CPA: <input type="checkbox"/> Yes <input type="checkbox"/> No	State:	Certificate Number:	
Years of Experience:	Public:	Private:	Other Certifications:

## REFERENCES

Please provide individual and company names, position, addresses and phone numbers for six business references.

Name:	Company:	Title:	Relationship:
Email Address:			Phone:
Name:	Company:	Title:	Relationship:
Email Address:			Phone:
Name:	Company:	Title:	Relationship:
Email Address:			Phone:
Name:	Company:	Title:	Relationship:
Email Address:			Phone:
Name:	Company:	Title:	Relationship:



Email Address:	Phone:
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Name:	Company:	Title:	Relationship:
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Email Address:	Phone:
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## DETAILS REGARDING YOUR SEARCH

What are you looking for in your next position?
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Industry Preferences:	How long have you been looking?
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What other sources are you using to find opportunities?
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Travel: <input type="checkbox"/> Yes <input type="checkbox"/> No up to %	Relocation: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Salary Preference: \$	Minimum salary you will consider: \$
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Areas Preferred:	Maximum Commute in Minutes:
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Companies Preferred:	Companies won't consider:
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Special Considerations:
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## AGREEMENT AND CONSENT

I certify that the answers I provided are true and correct to the best of my knowledge. I understand that any omission or falsification of material fact on this application shall be grounds for rejection or immediate termination if I am employed, regardless of the time elapsed before discovery.

In connection with my professional advancement, I authorize Vaco and their affiliated companies to represent me and to verify my references to determine the complete qualifications for any positions. I understand that certain clients may require a pre-employment alcohol and drug testing. I agree to these tests, if required.

Signature: _____	Date: _____
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