



A SUBSIDIARY OF



Profile Form

Applicant Information

DATE		DATE AVAILABLE FOR EMPLOYMENT			
LAST NAME		FIRST NAME		M.I.	
ADDRESS			CITY	STATE	ZIP
HOME PHONE		WORK PHONE		EMERGENCY PHONE	
CELL PHONE		EMAIL ADDRESS:		HOW WERE YOU REFERRED?	FOREIGN LANGUAGE(S):
Are you currently employed by a client of Baker Tilly Virchow Krause, LLP?		<input type="checkbox"/> YES <input type="checkbox"/> NO		WILLING TO RELOCATE?/WHERE?	
Have you ever been convicted of a criminal offense (robbery, embezzlement, forgery, perjury, etc.)?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please explain the type of offense:	
Are you CURRENTLY authorized to work in the United States? (Answer NO if you would require employer sponsorship to become authorized.)		<input type="checkbox"/> YES <input type="checkbox"/> NO			

Education

DATE	DEGREE	SCHOOL	MAJOR	GPA

ARE YOU: CPA CIA CMA OTHER

DATE CERTIFIED

Employment History (most recent first)

NAME OF EMPLOYER		PRODUCT/SERVICE		# OF EMPLOYEES	
ADDRESS		CITY	STATE	ZIP	
STARTING DATE	ENDING DATE	JOB TITLE			# YOU SUPERVISED
STARTING SALARY	FINAL SALARY				
NAME OF SUPERVISOR		TITLE	PHONE		
REASON FOR LEAVING		COMPANY WEBSITE			

NAME OF EMPLOYER		PRODUCT/SERVICE		# OF EMPLOYEES	
ADDRESS		CITY	STATE	ZIP	
STARTING DATE	ENDING DATE	JOB TITLE			# YOU SUPERVISED
STARTING SALARY	FINAL SALARY				
NAME OF SUPERVISOR		TITLE	PHONE		
REASON FOR LEAVING		COMPANY WEBSITE			



A SUBSIDIARY OF



BAKER TILLY

Profile Form (Continued)

NAME OF EMPLOYER			PRODUCT/SERVICE		# OF EMPLOYEES
ADDRESS		CITY		STATE	ZIP
STARTING DATE	ENDING DATE	JOB TITLE			# YOU SUPERVISED
STARTING SALARY	FINAL SALARY				
NAME OF SUPERVISOR		TITLE		PHONE	
REASON FOR LEAVING			COMPANY WEBSITE		

NAME OF EMPLOYER			PRODUCT/SERVICE		# OF EMPLOYEES
ADDRESS		CITY		STATE	ZIP
STARTING DATE	ENDING DATE	JOB TITLE			# YOU SUPERVISED
STARTING SALARY	FINAL SALARY				
NAME OF SUPERVISOR		TITLE		PHONE	
REASON FOR LEAVING			COMPANY WEBSITE		

Additional Employment History

FROM-TO	COMPANY	POSITION	SUPERVISOR	SALARY
FROM-TO	COMPANY	POSITION	SUPERVISOR	SALARY
FROM-TO	COMPANY	POSITION	SUPERVISOR	SALARY

Contract/Temporary Employment History (most recent first)

FROM-TO	AGENCY	COMPANY	POSITION	SUPERVISOR	RATE
FROM-TO	AGENCY	COMPANY	POSITION	SUPERVISOR	RATE
FROM-TO	AGENCY	COMPANY	POSITION	SUPERVISOR	RATE

Please list any companies to which you have already applied or sent your resume, so that we do not duplicate a contact you have already made with respect to employment. Please indicate any companies you have seen or are scheduled to meet with:

1)
2)
3)
4)



A SUBSIDIARY OF



BAKER TILLY

REFERENCES

I certify that all the information I have given is true and complete to the best of my knowledge.

I hereby authorize CFS Baker Tilly, LLC to make investigations and inquires into my employment, educational history and other related matters. I hereby release employers, schools and persons from all liability in responding to such inquires. I authorize you to release any reference information you may obtain to your clients who request such information.

I will not handle cash, negotiables, or any valuables without Creative Financial Staffing's written permission. In addition, I will not render an opinion on behalf of Creative Financial Staffing with regard to financial statements or tax returns for your clients.

SIGNATURE

DATE

CONFIDENTIALITY AGREEMENT

I am applying to CFS Baker Tilly, LLC for Employment and/or for assistance in finding employment. I understand that that CFS Baker Tilly, LLC may place me at their client ("client") and while at their client, I may be provided with, or allowed access to certain financial information and other information not generally known to the public ("Confidential Information"). I agree to the following:

1. I shall not at any time disclose, permit the disclosure of, release, disseminate, or transfer, whether orally or by any other means, any part of such Confidential Information to any other person or entity, whether corporate, governmental, or individual, without the express prior written consent of the client.
2. I shall return any written Confidential Information, and all copies made of such items, to the client upon the client's written request, but in any event no later than the date that I have performed all services to be performed for the client.
3. Such Confidential Information and all documents provided to me by the client may be used by me only as authorized by the client.
4. I shall take reasonable measures to avoid any disclosures of any such Confidential Information to any unauthorized person.

SIGNATURE

DATE

Employer and Applicant: Do not attach this page to Employment Application.

Consumer Report / Investigative Consumer Report

Disclosure and Release of Information Authorization

I authorize **CFS Baker Tilly, LLC.** and **Verifications, Inc.**, a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand that this information may be transmitted electronically and authorize such transmission.

If currently employed: My current employer may be contacted.

YES **NO** **N/A** **Post Hire Only** **Applicant's Initials**

I understand that a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201. Phone 1-877-414-7060 / 1-800-735-3002 / 605-884-1200**

Are you applying for employment in the state of California? **YES** **NO**

If you are applying for employment in the State of California please note that a new Disclosure and Release of information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for employment in California, Minnesota or Oklahoma? **YES** **NO**

If so, would you like a copy of any Consumer Report prepared on you? **YES** **NO**

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.*

Signature

Social Security Number

Date

*NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. **PLEASE PRINT CLEARLY.***

Last Name

First Name

Middle Name

Street Address

City

State

ZIP

Driver's License Number

State of License

Expires On

Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other LAST NAMES under which you received your GED, high school diploma, or other degrees.

List any Professional Licenses you hold, the state you hold them in, and the license number.

List your highest academic degree attained, the name and location of the academic institution, and your graduation date.

Revision 06/01/2009