



MAILING ADDRESS:  
4401 DOMINION BLVD. 2<sup>ND</sup> FLOOR  
GLEN ALLEN, VA 23060  
PHONE: (804) 747-0000  
FAX (804) 747-3632

**EMPLOYMENT APPLICATION**

We are an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I. Mo. Date Yr.

Street Address/Apt.# : \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Provide if Different from Street Address:  
Mailing Address: \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: (optional) \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_ Date Available: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employment Type:  Full-Time  Part-Time  Temporary  Seasonal

How did you hear about employment opportunities with Keiter, Stephens, Hurst, Gary & Shreaves? \_\_\_\_\_

Are you currently a CPA?  Yes – If yes, please indicate CPA license #: \_\_\_\_\_  No  In-process  
CPA license #: \_\_\_\_\_

Are you currently a member of? (“x” all that apply)  AICPA  Beta Alpha Psi  VSCPA

Do you have the appropriate qualifications to sit for the CPA exam if you have not yet passed it?  Yes  No

Can you perform the essential functions of the job for which you are applying with reasonable accommodation?  
 Yes  No If accommodation needed, please explain: \_\_\_\_\_

Have you applied here before?  Yes  No If yes, list date(s) and position(s): \_\_\_\_\_

If you are under 18, can you furnish a work permit?  Yes  No If no, please explain: \_\_\_\_\_

Are you legally authorized to work in the U.S. for any employer without restriction? (Please note that Keiter, Stephens, Hurst, Gary & Shreaves does not sponsor non-immigrant visas)  Yes  No

Can you meet the attendance requirements of this job?  Yes  No

Are you free to travel out of town during the week?  Yes  No

Have you ever been convicted of a crime?  Yes  No (Note - conviction will not be absolute bar from Employment.) If yes, state when, where and what was the disposition of the case: \_\_\_\_\_

**EMPLOYMENT INFORMATION - Please begin with the current or most recent employer. Please list your last 5 employers or go back 10 years, whichever is shorter (Attach additional sheets as necessary).**

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Hourly Rate/Salary \$\_\_\_\_ \$\_\_\_\_ May we contact Supervisor?  Yes  No  
Start End

Reason(s) for leaving: \_\_\_\_\_

Summary of responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Hourly Rate/Salary \$\_\_\_\_ \$\_\_\_\_ May we contact Supervisor?  Yes  No  
Start End

Reason(s) for leaving: \_\_\_\_\_

Summary of responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Hourly Rate/Salary \$\_\_\_\_ \$\_\_\_\_ May we contact Supervisor?  Yes  No  
Start End

Reason(s) for leaving: \_\_\_\_\_

Summary of responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Name/Location of School	# of Years Completed	Course of Study	Degree/Diploma Awarded	GPA
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High School w/ Address:

_____	_____	_____	_____	_____
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College w/ Address:

_____	_____	_____	_____	_____
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Other w/ Address:

_____	_____	_____	_____	_____
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**Scores requested below are only required for accounting positions below and including Senior level:**Scores: **SAT** Writing: \_\_\_\_\_ Reading: \_\_\_\_\_ Math \_\_\_\_\_ **GMAT** \_\_\_\_\_ **LSAT** \_\_\_\_\_**ADDITIONAL QUALIFICATIONS - List any special skills, hardware/software proficiency, certifications, licenses, relevant training, or special achievements.**


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**PROFESSIONAL REFERENCES**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

**CERTIFICATION**

I certify that the information given in the application and any attachments is true and correct. I understand that any deliberate omission or misrepresentation of information herein, regardless of time of discovery, may result in disqualification for, or termination of employment. I understand that all information and any attachments are subject to verification, and I authorize the firm to verify any and all information concerning me at any time requested. I hereby release all individuals, companies and/or institutions from any claim or damages whatsoever incurred in furnishing such information. I further authorize the firm to rely upon and use as it sees fit any information received from such contacts.

If employed, I agree to comply with all firm rules and regulations. I understand that my employment is "at will", is entered into voluntarily, and that I may resign at any time. Similarly, my employment may be terminated for any reason at any time with or without previous notice or cause. I understand that no manager or representative of the firm, other than its managing Principal or his/her designee, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing either now, in the past, or in the future. I further understand that such an agreement must be in writing and signed by the managing Principal for it to be binding on either myself or the firm. I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the firm and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

I certify that I have read, understand and accept all terms of the certification information printed above.

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 Applicant's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_