

General Application

Mobile Tax USA is an Equal Opportunity /Affirmative Action company committed to excellence through diversity. Positions offered are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Complete each section. Applications with missing or invalid job numbers will not be considered for any position.

Position Applying for	Name (First, Last)	Driver's License Number
Street Address	City, State, Zip	Date of Birth
Social Security Number	Home Phone	Cell Phone
Are you eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 23 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been contracted by Mobile Tax USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to any MTUSA employees or contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment History

Previous Employer	Address		
Job Title	Dates Employed	From	To
Job Description			
Previous Supervisor	Contact Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO please explain:			
Reason for departure/ Termination?			
Previous Employer	Address		
Job Title	Dates Employed	From	To
Job Description			
Previous Supervisor	Contact Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO please explain:			

Reason for departure/ Termination?	
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Previous Employer	Address		
Job Title	Dates Employed	From	To
Job Description			
Previous Supervisor	Contact Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO please explain:			
Reason for departure/ Termination?			

Emergency Contact

Name	Address	Phone	Best Number to Contact
			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

Professional References

Name	Employer	Position	Phone Number
1.			
2.			
3.			

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION. I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for a position, or termination after discovery at a later date. I authorize Mobile Tax USA, or its 3rd party agencies to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for an independent contractor position. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of an independent contractor position. I understand that this document is NOT an offer of employment, and that an offer of an independent contractor position, if tendered, does NOT constitute a contract for continued guaranteed independent contractor status. I understand that independent contractors of Mobile Tax USA, serve at-will, and the independent contractor relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that as an independent contractor, I am liable for my own taxes and insurance. I understand that I am not eligible to receive unemployment compensation against Mobile Tax USA, as an independent contractor. I further understand that as an independent contractor I am not eligible to receive workers compensation or submit any other insurance claims against Mobile Tax USA, or its agents or contractors. I will provide my own health, workers compensation, automobile and general liability insurance coverage.

Applicant Signature: _____ **Date:** _____