



EMPLOYMENT APPLICATION

Do you have a driver's license? _Yes No

What is your means of transportation to work? _____

Have you ever been in the armed forces? Yes No

Are you now a member of the National Guard? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

EXPERIENCE

Please provide a complete employment history beginning with your current or most recent job. If additional space is needed, attach a sheet of paper. Do not refer to a resume. Only those jobs listed on this application will be considered in determining your eligibility. List each job separately, even if the employer is the same. Incomplete information will result in disqualification.

From (mm/dd/yy)	Title of Your Most Recent Position	Company Name	Phone	Name of Title of Immediate Supervisor
To (mm/dd/yy)	Number and Street	City	State	Reason for Leaving
Hours Worked per Week	Description of Duties:			

May we contact your present employer? Yes _No



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From (mm/dd/yy)	Title of Your Most Recent Position	Company Name	Phone	Name of Title of Immediate Supervisor
To (mm/dd/yy)	Number and Street	City	State	Reason for Leaving
Hours Worked per Week	Description of Duties:			

From (mm/dd/yy)	Title of Your Most Recent Position	Company Name	Phone	Name of Title of Immediate Supervisor
To (mm/dd/yy)	Number and Street	City	State	Reason for Leaving
Hours Worked per Week	Description of Duties:			



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From (mm/dd/yy)	Title of Your Most Recent Position	Company Name	Phone	Name of Title of Immediate Supervisor
To (mm/dd/yy)	Number and Street	City	State	Reason for Leaving
Hours Worked per Week	Description of Duties:			

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____

CERTIFICATE OF APPLICANT

I certify that all statements made in this entire application, including any attachments, are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal.

Name (please print):	Social Security Number: XXX-XX-
Signature:	Date:



Senior Accountant
Supplemental Questionnaire

This form must be submitted with the SBCERA Employment Application. This supplemental questionnaire and the regular application will provide the basis for a competitive evaluation with other candidates in the examination process.

*For the following questions, describe in detail, but as concisely as possible your experience in each of the areas given. Please submit your responses on a separate sheet(s) of paper. Use this page as your cover page and specify the area (1, 2, 3, etc.) you are responding to. **Please limit your responses to one-half page typed per question.***

1. **Researching and advising management on issues related to complex tax laws, State, Federal and/or pension laws and regulations.** Include job titles, beginning and ending dates of experience and a concise description of duties.
2. **Preparation for and communications with external auditors and/or auditing financial statements.** Include job titles, beginning and ending dates of experience and a concise description of duties.
3. **Preparation and submission of State and/or Federal tax forms (specifically, 1099-R's and 1099-M's.)** Include job titles, beginning and ending dates of experience and a concise description of duties.
4. **Retirement system or employee benefits organization experience.** Include job titles, beginning and ending dates of experience and a concise description of duties.
5. **Accounting and financial reporting for basic and complex investments (including stocks, bonds, real estate, derivatives, private equities, commodities, foreign currency, etc.)** Include job titles, beginning and ending dates of experience and a concise description of duties.
6. **List any certifications, additional coursework, training or workshops you have obtained/completed which relate to this position.**

CERTIFICATE OF APPLICANT: I certify that all statements provided in this supplemental application are true and complete to the best of my knowledge. I understand that any false statement of material fact will subject me to disqualification or dismissal.

Name (please print):	Social Security Number:
Signature:	Date: