

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**NMI Tax Consultants Inc.
Application Form**

OFFICE USE ONLY:

Date Received _____
Received by _____

Please mail completed application to:
NMI Tax Consultants Inc.
220 Duncan Mill Rd, Suite 416
Toronto, ON M3B 3J5
or fax application to:
416-385-2792

PLEASE COMPLETE PAGES 1-5

Date _____

Name _____
Last First Middle

Permanent Address _____
Number Street City Province

How long at current address _____ Social Insurance Number _ _ _ - _ _ _ - _ _ _

Telephone () Facsimile () E-Mail

Position applied for _____ Days/hours available to work
And wage desired _____ No Pref. _____ Thurs _____
How many hours can you work weekly? _____ Mon _____ Fri _____
Tues _____ Sat _____
Wed _____ Sun _____

Employment Desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL-OR-PART-TIME ☐ CONTRACT WORK

When are you able to start work? _____

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which your applying?
☐ No ☐ Yes

A conviction will not necessarily disqualify you from employment.

If Yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

Driver's License # _ _ _ _ - _ _ _ - _ _ _

Province ____
Expiration Date _ _ _ _ / _ _ / _ _

☐ Operator
☐ Commercial
☐ Chauffeur

Have you had any accidents during the past three years?
Have you had any moving violations during the past three years?

How Many?
How Many?

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**NMI Tax Consultants Inc.
Application Form**

OFFICE USE ONLY:

Date Received
Received by

Please list two references other than relatives

Name _____

Position _____

Company _____

Address _____

Telephone ()

Name _____

Position _____

Company _____

Address _____

Telephone ()

Please use the space BELOW to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience, and other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations or disability

Part 2: EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
Other relevant courses taken				

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**NMI Tax Consultants Inc.
Application Form**

OFFICE USE ONLY:

Date Received

Received by

Part 3: WORK EXPERIENCE

	Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary
--	--

Name of Employer		Job Title	
Address City, Province Postal Code Telephone		Employment Dates	From:
			To:
		Pay of Salary/Wage	Start:
			Final:
		Name of Supervisor	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer		Job Title	
Address City, Province Postal Code Telephone		Employment Dates	From:
			To:
		Pay of Salary/Wage	Start:
			Final:
		Name of Supervisor	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**NMI Tax Consultants Inc.
Application Form**

OFFICE USE ONLY:

Date Received
Received by

Name of Employer		Job Title	
Address City, Province Postal Code Telephone		Employment Dates	From:
			To:
		Pay of Salary/Wage	Start:
			Final:
		Name of Supervisor	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer		Job Title	
Address City, Province Postal Code Telephone		Employment Dates	From:
			To:
		Pay of Salary/Wage	Start:
			Final:
		Name of Supervisor	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself? ☐ Yes ☐ No if not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied ___ YES ___ NO. If you answer "NO", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**NMI Tax Consultants Inc.
Application Form**

OFFICE USE ONLY:

Date Received
Received by

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please sign your initials in each of the spaces provided below.

In exchange for the consideration of my job / contract work application by **NMI Tax Consultants Inc.** (hereinafter called "the Company")
I, _____, (Name of applicant) agree that:

Neither the acceptance of this application nor the subsequent entry into any type of work/ contract /employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment / contract for work etc. _____

Further this application shall not confer any right to remain an employee / contract worker of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, _____

Further, that the relationship cannot be altered except by a written instrument signed by the management of the Company. _____

Both the undersigned and the Company may end the relationship at any time, without specified notice or reason. _____

If engaged, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. _____

I authorize investigation of all statements and declarations made by me that are contained in this application. _____

I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. _____

I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. _____

I understand that, in connection with the routine processing of this application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. _____

Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it as required by the Fair Credit Reporting Act. _____

I further understand that my employment / contract work with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my relationship with the Company is terminable at will for any reason by either party. _____

Signature of applicant _____ **Date:** _____

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**NMI Tax Consultants Inc.
Application Form**

OFFICE USE ONLY:

Date Received

Received by

ANY OTHER COMENTS:

NMI Tax Consultants Inc. is an equal employment opportunity employer. We adhere to a policy of making employment / contract work decisions without regard to race, colour, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment / contract work with the Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.