

**OFFICE OF THE AUDITOR GENERAL**  
**201 N. Washington Square, Suite 600**  
**Lansing, MI 48913**  
**Telephone No. (517) 334-8050**  
**Fax No. (517) 334-8079**  
**E-Mail "JLawson@audgen.michigan.gov"**

**Employment Application for Auditor Position**

APPLICANT'S FULL NAME (LAST, FIRST, MIDDLE)							
STREET ADDRESS/P.O. BOX NUMBER				CITY		STATE	ZIP CODE
HOME PHONE NUMBER (      )			WORK PHONE NUMBER (      )		SCHOOL PHONE NUMBER (      )		
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES [ ]                      NO [ ]					VETERAN? YES [ ]              NO [ ]		
CURRENT EMPLOYMENT							
<b>EDUCATION – Please attach copies of your college transcripts if you have not already submitted them.</b>							
COLLEGE OR UNIVERSITY	GPA	DEGREE(S)	DATE GRANTED/ EXPECTED	MAJOR	TOTAL SEMESTER HOURS GRANTED/ EXPECTED	SEMESTER HOURS IN ACCOUNTING	ACCT. GPA
CERTIFIED PUBLIC ACCOUNTANT? YES [ ]      CERTIFICATE #                      NO [ ]				PASSED C.P.A. EXAM? YES [ ]      NO [ ]		SAT FOR C.P.A. EXAM? YES [ ]      NO [ ]	
OTHER PROFESSIONAL CERTIFICATIONS							

<b>CERTIFICATION</b>	
I HEREBY CERTIFY THAT ALL INFORMATION ON THIS AND ALL ATTACHED PAGES, INCLUDING MY RESUME, IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND CONTAINS NO WILLFUL FALSIFICATIONS OR MISREPRESENTATIONS. I AM AWARE THAT FALSIFICATIONS OR MISREPRESENTATIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT WITH THE OFFICE OF THE AUDITOR GENERAL OR, IF HIRED, MAY BE GROUNDS FOR TERMINATION AT A LATER DATE. I AM AWARE THAT PREVIOUS EMPLOYERS AND OTHERS LISTED HEREIN MAY BE CONTACTED AS REFERENCES.	
SIGNATURE	DATE

<b>AUTHORIZATION WAIVER</b>	
I, THE UNDERSIGNED, AUTHORIZE THE DEPARTMENT OF STATE POLICE TO CONDUCT A CRIMINAL HISTORY FILE CHECK BY NAME AND IDENTIFIERS TO DETERMINE THE EXISTENCE OF ANY ARREST RESULTING IN CONVICTION AND THE DEPARTMENT OF STATE TO CONDUCT A CHECK OF MY DRIVING RECORD AND TO FURNISH THE RESPONSES TO THE OFFICE OF THE AUDITOR GENERAL.	
APPLICANT'S FULL NAME (LAST, FIRST, MIDDLE)	(MAIDEN NAME, IF APPLICABLE)
DRIVER'S LICENSE NUMBER	
SIGNATURE	DATE

**Employment Application for Auditor Position**  
**(Continued)**

**REFERENCES:** PLEASE LIST AT LEAST THREE PERSONS WHO ARE NOT RELATED TO YOU, WHOM WE MAY PERSONALLY CONTACT, AND WHO CAN PROVIDE AN OBJECTIVE ASSESSMENT OF YOUR CHARACTER AND WORK ETHIC.

NAME	COMPLETE ADDRESS AND TELEPHONE NUMBER	POSITION	YEARS KNOWN

**ADDITIONAL COMMENTS:** THE FOLLOWING INFORMATION SHOULD BE COMPLETED  
**IN YOUR OWN HANDWRITING.**

<p>1. Explain why you decided to pursue an accounting career.</p>
<p>2. How do you think this position will help you in attaining your career objectives?</p>