

**davids****check cashing****EMPLOYMENT APPLICATION****APPLICANTS MAY BE REQUIRED TO PROVIDE FINGERPRINTS, PASS A BACKGROUND CHECK AND TESTED FOR ILLEGAL DRUGS****Personal**

Date \_\_\_\_\_

**Name**

Last, First, Middle, Maiden \_\_\_\_\_

**Present address**

Number, Street, City, State, Zip \_\_\_\_\_

How long have you lived there \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position Applied For \_\_\_\_\_

**Days/hours available to work**

No	Pref	Thurs
	Mon	Fri
	Tue	Sat
	Wed	Sun

Salary Desired \_\_\_\_\_  
(Be specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired \_\_\_\_\_ FULL-TIME ONLY \_\_\_\_\_ PART-TIME ONLY \_\_\_\_\_ FULL- OR PART-TIME

When available to start working? \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** \_\_\_ No \_\_\_ YesIf 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Do you have a Driver's License? \_\_\_ Yes \_\_\_ No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

**MILITARY**

Have you ever been in the Armed Forces? \_\_\_ Yes \_\_\_ No

If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Specialty \_\_\_\_\_

Are you a Veteran? \_\_\_ Yes \_\_\_ No

If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Specialty \_\_\_\_\_

Were you honorably discharge? \_\_\_ Yes \_\_\_ No. If no please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

## Skills

Typing \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ WPM

Personal Computer \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ PC \_\_\_\_ Mac

Other Skills \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Work Experience

Please list your work experience for the past five years beginning with your most recent job held.

Name of employer _____	Name of Last Supervisor	Employment Dates	
Address _____		From _____	
City, State, Zip Code _____		To _____	
Phone number ____ - ____ - _____	Your last job title _____		
	Are you eligible for rehire ____ Yes ____ No		

Reason for leaving (be specific)

List the duties performed, skills used or learned, advancements or promotions while you worked at this company.

<b>Name of employer</b> _____ <b>Address</b> _____ _____ <b>City, State, Zip Code</b> _____ _____ <b>Phone number</b> ____-____-____	<b>Name of Last Supervisor</b>	<b>Employment Dates</b>	
		<b>From</b> _____ <b>To</b> _____	
	<b>Your last job title</b> _____ <b>Are you eligible for rehire</b> ____Yes ____No		

**Reason for leaving (be specific)**

**List the duties performed, skills used or learned, advancements or promotions while you worked at this company.**

<b>Name of employer</b> _____ <b>Address</b> _____ _____ <b>City, State, Zip Code</b> _____ _____ <b>Phone number</b> ____-____-____	<b>Name of Last Supervisor</b>	<b>Employment Dates</b>	
		<b>From</b> _____ <b>To</b> _____	
	<b>Your last job title</b> _____ <b>Are you eligible for rehire</b> ____Yes ____No		

**Reason for leaving (be specific)**

**List the duties performed, skills used or learned, advancements or promotions while you worked at this company.**

May we contact all of the employers listed by you? \_\_\_\_ Yes \_\_\_\_ No

If not, tell us which ones you do not wish us to contact and why? \_\_\_\_\_

How many Jobs have you had in the last five years that were not listed above? \_\_\_\_\_

Why are you seeking a new position at this time? \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.**

I authorize this company to make an investigation of all information contained in this employment application, and I release from liability all companies and corporations supplying such information. I understand any false answer, statement, or implication made by me on this application, or disclosed in other required documents, shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company, and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason. I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary from various third party sources. As required by law, upon request and within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required of me, whether prior to my employment or, if employed, by this company at any time thereafter if requested. I understand this is only an application for employment and that no offer of employment is being made. I further understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment would be "at will." No individual within the company is authorized to change the employment at will status; any offer to change the employment-at-will status would have to be made in writing and expressly authorized by the company.

I have read and agree to the above.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH RESUME TO THIS APPLICATION**