THRIFTY CHECK CASHING Employment Application

Join Our Team!

Laws enacted by the Federal Government, and by many states, prohibit job discrimination based upon religion, color, national origin, sex, age, disability, or marital status unless based upon a bona fide occupational requirement or other exception.

Please print the information requested and sign and date the application.

Last Name:		First Na	ime:	Middle Initial:	
Number & Street Address Apt. #:		City, Sta	City, State & Zip		
Soc. Sec. #:	Home Phone #:		Mobile Phone #	Mobile Phone #:	
How long at the above address?	If less than six	years at the ab	oove address please list p	revious.	
Address:					
High School attended and location (City Other training or Education:	,	•	ase Circle): None 1 2 3		
Are you related to anyone employed by Yes No					
Have you ever been employed by Thrif If YES, which store and when?	-		, ,		
Do you prefer (Please Check): Full Tir					
List hours you can work: Monday —	Т	Tuesday ———	Wednes	day	
Thursday — Friday -	S	Saturday	Sunday	Sunday	
The following information request is requ	uired for a bona fi	de job qualifica	ation, or for other lawful	purposes:	
Are you 18 or older? Yes	No	Date of birth (or	ptional)		
Do you drive? Yes No Have you ever been convicted of, pled g misdemeanor and/or felony? Yes	uilty, or "nolo con	tendere" (no co			
If Yes, date of conviction, plea, or pre-tr	ial diversion:				
City, State, and County of offense:					
Conviction/Guilty Plea Disposition: Mi In the space below or use a separate shee					

EMPLOYMENT RECORD: All information, including salary, will be verified. Please list all periods of employment, including military service, for the last three employers. Start with your most recent position and note any periods on unemployment: 1. Employer Name: Address: Phone#: Dates: From Type of Business: Pay Rate: \$ per Duties Performed: Reason for Leaving: 2. Employer Name: Address: Phone#: Dates: From To Type of Business: Pay Rate: \$ per Duties Performed: Reason for Leaving: 3. Employer Name: Address: Phone#: Dates: From To Type of Business: Pay Rate: \$ per Duties Performed: Reason for Leaving: If you need to list additional employers or information, please do so on a separate sheet of paper and attach it. What foreign languages do you speak/read/write? What office/store equipment do you operate? Please list any other job related skills, experience, or qualifications: Do you have any prior check cashing (Bank/Teller) experience? Yes ______ No _____ Have you ever been bonded? Yes _____ No ____ If yes, at what job(s): ____ I acknowledge that the facts I have stated on this application are true and complete and understand that any falsification or omission of information on this application or during the interview process my be grounds for denial of employment, or if already employed, grounds for termination. You are hereby authorized to make any investigation of my personal history, financial, and credit record through any investigative or credit agencies or bureaus of your choice. I understand that this employment application is not a contract of employment. I further understand that I will be an employeeat-will and that the Company or myself, with or without cause, and without prior warning, can terminate my employment at any time. This at-will relationship will remain in effect throughout my employment and my not be modified by any oral or implied agreement.

Signature of Applicant: _____ Date: _____