

Application For Employment Any Kind Checks Cashed, Inc.

Please drop off this application at any of our locations.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation or any other legally protected status.

(Please Print)

Last Name

First Name

Middle Name

Position Applied For

Date of Application

How Did You Learn About Us?

Street Address (Include City, State, and Zip Code)

Telephone Number

Social Security Number

If you are less than 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO If yes, please give date _____

Have you ever been employed with us before? YES NO If yes, please give date _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
Proof of citizenship or immigration status may be required upon employment.

On what date would you be available for work? _____

Are you available to work? FULL TIME PART TIME TEMPORARY

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you been convicted of a felony within the last 7 years? YES NO
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

List any foreign languages you speak fluently: _____

State any additional information you feel may be helpful to us in considering your application:

EDUCATION:

NAME & CITY

COURSE OF STUDY

YEARS COMPLETED

DIPLOMA/DEGREE

High School

Undergraduate College

Graduate/Professional

Other (Please Specify)

WORK EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer:

Address:

Telephone Number:

Starting/Present Job Title:

Supervisor:

Reason For Leaving:

Date Employed (From-To):

Hourly Rate/Salary (Starting-Final):

Work Performed:

May We Contact This Employer? Yes No

Employer:

Address:

Telephone Number:

Starting/Present Job Title:

Supervisor:

Reason For Leaving:

Date Employed (From-To):

Hourly Rate/Salary (Starting-Final):

Work Performed:

May We Contact This Employer? Yes No

Employer:

Address:

Telephone Number:

Starting/Present Job Title:

Supervisor:

Reason For Leaving:

Date Employed (From-To):

Hourly Rate/Salary (Starting-Final):

Work Performed:

May We Contact This Employer? Yes No

Employer:

Address:

Telephone Number:

Starting/Present Job Title:

Supervisor:

Reason For Leaving:

Date Employed (From-To):

Hourly Rate/Salary (Starting-Final):

Work Performed:

May We Contact This Employer? Yes No

Employer:

Address:

Telephone Number:

Starting/Present Job Title:

Supervisor:

Reason For Leaving:

Date Employed (From-To):

Hourly Rate/Salary (Starting-Final):

Work Performed:

May We Contact This Employer? Yes No

Personal/Professional References: (Do not include family members or past supervisors)

Name	Phone Number	Best Time to Call	Occupation
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APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date