



All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

| Position(s) applied for | Date of application | | | |
|-------------------------|---------------------|-------|-----|--|
| | | | | |
| Print full name | | | | |
| | | | | |
| Street address | City | State | ZIP | |
| | | | | |
| Main phone number | Alt. phone number | Email | | |
| | | | | |

Employment Experience

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add an additional page if necessary.

| Name of employer | Supervisor | May we contact? | |
|----------------------|-----------------------------|-----------------|--|
| | | ☐ Yes ☐ No | |
| Phone number | Dates employed (month/year) | | |
| | From | То | |
| Job title and duties | Reason for leaving | | |
| | | | |
| Name of employer | Supervisor | May we contact? | |
| | | ☐ Yes ☐ No | |
| Phone number | Dates employed (month/year) | | |
| | From | То | |
| Job title and duties | Reason for leaving | | |
| | | | |





| | Name of employer | Supervisor | May we contact? |
|------------|---|-----------------------------|-----------------|
| | | | ☐ Yes ☐ No |
| | Phone number | Dates employed (month/year) | |
| | | From | То |
| | Job title and duties | Reason for leaving | |
| | | | |
| | Name of employer | Supervisor | May we contact? |
| | | | ☐ Yes ☐ No |
| | Phone number | Dates employed (mon | th/year) |
| | | From | То |
| | Job title and duties | Reason for leaving | |
| | | | |
| | | | |
| Have yo | ou ever been involuntarily terminated or asked to | o resign from any job? | □ Yes □ No |
| lf yes, լ | please explain. | | |
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| 5 1 | | | |
| Please | explain any gaps in your employment history. | | |
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Employment Application Thriffway





Education

Please describe your educational background in the table provided below.

| | School name | Diploma/ degree (Yes/No) | Area of study/ major | Specialized training, skills, or extracurricular activities |
|--------------|-------------|--------------------------------|-------------------------|---|
| High school | | | | |
| College/ | | | | |
| university | | | | |
| Graduate/ | | | | |
| professional | | | | |
| school | | | | |
| Trade | | | | |
| school | | | | |
| Other | | | | |





Business and Professional References

Please list three professional references of individuals who are not related to you.

| | Name and t | itle | Relat | ionship | P | hone number o | r email |
|------------|--|-----------------|----------------|-----------------|--------------|----------------------|-------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | . • | | | | | |
| _ | neral Inform Have you ever us | | me? □ Yes □ | No | | | |
| | Is any additional to enable a chec | | | | | med name, or r | าickname necess |
| lf ye | es to either of th | e above, pleas | se explain: | | | | |
| | | <i>,</i> 1 | , | | | | |
| | | | | | | | |
| | Have you ever w | | | | | | |
| | If yes, please pro | ovide dates an | d position: | | | | |
| <i>1</i> 1 | Do you bayo frio | ads and for rol | ativos working | s for this comp | ony2 □ Voc | □ No | |
| | Do you have frie If yes, name(s) a | | _ | | - | | |
| | On what date are | • | , , | | | | |
| | | , | J | | | | |
| 6. | Days/hours a | vailable to wo | rk: | | | | |
| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | | | | |
| 7 | Are you available | e to work? □ F | ull time □ Pa | art time 🗆 S | hift work □ | l Temporary | |
| | Are you available Are you available | | | | ime work _ | remporary | |
| | If hired, would y | | | | to and fron | n work? □ Yes | □ No |
| | Can you relocate | | | • | r to and mor | ii work. 🗀 ies | — 110 |
| | Are you at least | • | • | □ 1C3 □ 110 | | | |
| | Note: If under 18 | - | | ion that you a | re of minim | ım legal age | |
| | If hired, can you | • | | • | | | ntrv? |
| | □ Yes □ No | r. obelic cride | or your la | oner and tog | | J. I. III GIIIJ COUI | y • |
| | Are you able to p | perform the es | sential iob fu | nctions of the | iob for whic | h vou are apply | ving with or with |
| | reasonable accor | | - | | | , | ,5 5 |
| | | ` | | • | | | |





Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

| Have you ever been convicted, pleaded guilty of no contest to a misdemeanor involving theft, fraud, or physical violence? Yes | Criminal History |
|--|---|
| Have you ever been convicted, pleaded guilty of no contest to a misdemeanor involving theft, fraud, or physical violence? Yes No If yes, please explain: (A yes answer to the above questions does not necessarily disqualify you from employment) Applicant Statement and Agreement Please read and initial each paragraph below. If there is anything that you do not understand, please ask. I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company. I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if | Have you ever been convicted, plead guilty or no contest to a felony? ☐ Yes ☐ No |
| physical violence? Yes No If yes, please explain: (A yes answer to the above questions does not necessarily disqualify you from employment) Applicant Statement and Agreement Please read and initial each paragraph below. If there is anything that you do not understand, please ask. I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any and all tetters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company. I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further cert | n yes, piedse explain. |
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| | Name (print): |
| | Date: |