

**THRIFTSMART**  
**APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_ Date received \_\_\_\_\_

Present Address \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Phone \_\_\_\_\_

Do you have the legal right to work in the U.S.? \_\_\_\_\_ If no, give type of Visa \_\_\_\_\_ Expiration date \_\_\_\_\_

Are you over 18 years of age or can you provide proof of eligibility to work? \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

If hired, date available to begin work \_\_\_\_\_

Type of work  Full-time  Part-time  Temporary Hours available to work \_\_\_\_\_

Available for work on weekends? \_\_\_\_\_ Available for overtime, if needed? \_\_\_\_\_

Are you presently employed?  Yes  No If yes, may we inquire of your present employer?  Yes  No

**EMPLOYMENT HISTORY (PLEASE LIST IN ORDER, PRESENT EMPLOYER FIRST)**

From	Name	Title Position	Salary	Reason for leaving
Mo. Yr.	Address			
To	City & State	Supervisor	Full-time ___	
Mo. Yr.	Phone		Part-time ___	

Describe in detail the work you did: \_\_\_\_\_

Licenses or Certifications: \_\_\_\_\_

From	Name	Title Position	Salary	Reason for leaving
Mo. Yr.	Address			
To	City & State	Supervisor	Full-time ___	
Mo. Yr.	Phone		Part-time ___	

Describe in detail the work you did: \_\_\_\_\_

Licenses or Certifications: \_\_\_\_\_



Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \_\_\_\_\_ (Yes or No) If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_  
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

State any additional information helpful for considering your application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ If yes, describe in full \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Certification and Agreement**

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making the investigation. I also understand that in accordance with ThriftSmart policies, a drug test and background check will be required. Failure to submit to a drug test or a positive result will forfeit any job offer, or will result in immediate termination from employment if already employed.

If hired, I agree to abide by all of the Company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedure, benefit, or other term or condition of employment. No representative or agent of the Company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_