

# 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: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_  
 \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

**EDUCATIONAL BACKGROUND**

Name & Location of School    # of Yrs. Completed    Diploma or Degree

High School		Diploma [ ] Yes [ ] No
College		Degree [ ] Yes [ ] No
Other		Degree [ ] Yes [ ] No

Please indicate any experiences, certifications, license, skills or qualifications (i.e. typing, shorthand, machines) which you feel would especially fit you for work at ThriftSmart.

Skill    Length & Kind of Training    Years Experience


Type of work preferred?  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES (Excluding relatives)**

Name & Occupations    Address    Phone Number


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: \_\_\_\_\_

# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

## E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

## E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**

[dhs.gov/e-verify](https://dhs.gov/e-verify)



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