

USA Pawn & Jewelry Application for Employment

Personal Data

First Name _____ Middle Name _____ Last Name _____

Street Address _____ Social Security Number _____

City/State/Zip _____ Phone Number _____

How did you find out about this job _____

Minimum Pay Expected? _____ Are you at least 18 years olds _____

Drivers License Number _____ State of Issue _____ Expiration Date _____

Do you have a vehicle? _____ Make and Model? _____

Are you legally eligible for employment in the US? _____

Have you ever been convicted of a felony ? _____

Are you currently on parole? _____ Are you currently awaiting trial? _____

Are you currently on deferred adjudication? _____

If you answered yes to any of the above, please describe including dates, places and nature of
infraction _____

Note: Felony convictions or existence of a criminal record do not bar employment consideration.

Employment Data

Are you seeking full time employment? _____ What position? _____

What hours would you prefer to work? _____

What hour would you prefer not to work? _____

Please indicate any shift you would not be available to work.

Are you willing to work overtime? _____ Weekends? _____ Holidays?, _____

Are you currently employed? _____ If so, where? _____

If hired, when would you be able to start _____

Have you ever worked for USA Pawn & Jewelry? _____ If so when? _____

List any friends or relatives employed by this company. _____

Are you on layoff and subject to recall? _____

Have you ever been discharged or asked to resign from a position? _____ If so describe _____

How many days have you been late or missed from work or school over the last year other than approved
vacation, sick or disability leave? _____

Education

Circle the highest grade completed

Elementary 1 2 3 4 5 6 High School 7 8 9 10 11 12 College 1 2 3 4 Graduate .

Name and location of school:

Elementary _____

High School _____

College _____

Are you veteran? _____ If yes, dates _____ List any special skills or training _____

Work History

Company: _____ Phone number w/area code _____
Address: _____ City/state/zip _____
Dates of Employment From _____ to _____ Beginning Salary _____ Ending Salary _____
Job Title _____ Supervisor's Name _____
Describe Duties Briefly _____

Specific Reason for Leaving _____

Company: _____ Phone number w/area code _____
Address: _____ City/state/zip _____
Dates of Employment From _____ to _____ Beginning Salary _____ Ending Salary _____
Job Title _____ Supervisor's Name _____
Describe Duties Briefly _____

Specific Reason for Leaving _____

Company: _____ Phone number w/area code _____
Address: _____ City/state/zip _____
Dates of Employment From _____ to _____ Beginning Salary _____ Ending Salary _____
Job Title _____ Supervisor's Name _____
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Job Title _____ Supervisor's Name _____
Describe Duties Briefly _____

Specific Reason for Leaving _____

May we contact all of the employers above? _____ If not which ones do you not wish us to contact?

How many jobs have you had in the last five years listed above? _____
Why are you seeking new employment this time? _____

Please read the following carefully, then sign and date this application.

I authorize the company to make an investigation all information contained in this employment application, and I release from liability all companies and corporations supplying such information. I understand that any false statements, answers, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment from the company for any reason, I release this company from all liability supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through any third-party sources. As required by law, upon request within a reasonable period of time, I will be notified of the nature and scope of such investigations. I hereby agree to submit to any drug test required of me, whether prior to my employment or, if employed by this company any time thereafter. If requested, I will take a post-job offer physical examination, and my employment will be conditional upon passing such examination. During such employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my employment contract being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment at will status except an officer of the company, who may do so only in writing. I have read and understand the above.

Applicants Signature _____ Date _____