

# Check 2 Cash

## APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If you need assistance in completing the application, please let us know so that we can discuss a reasonable accommodation.

Check 2 Cash is an equal opportunity employer committed to a policy of nondiscrimination with respect to race, color, religion, sex, national origin and any other class protected by federal, state, or local law, including, but not limited to, medical condition, disability, marital status, age, sexual orientation or pregnancy.

In the processing of this application, we may perform routine inquiries that will provide information concerning your personal history and past work experience. Proof of age, military service and education may be required upon hiring.

After filling out this application, please fax it to 650.227.1124 or mail to:

Human Resources Check 2 Cash 297 El Camino Real San Bruno, CA 94066-4838	Human Resources Check 2 Cash 887 E. El Camino Real Sunnyvale, CA 94087-2937	Human Resources Check 2 Cash 255 'A' Street Hayward, CA 94541-4926
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### GENERAL INFORMATION

FULL NAME	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> </div>	DATE	
ADDRESS	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>STREET</span> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> </div>		
PHONE NUMBER ( )		DATE AVAILABLE FOR WORK	
ARE YOU ELIGIBLE/AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU AGE 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOW WERE YOU REFERRED TO CHECK 2 CASH? (If by newspaper ad, please give name) _____			

### REFERENCES

Give below the names of three professional references, whom you have known at least one year.

Name	Address & Phone Number	Business	Years Acquainted How Do You Know This Person?
1			
2			
3			

### POSITION INFORMATION

TYPE OF WORK DESIRED _____	SALARY EXPECTED _____
APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
PLEASE SPECIFY DAYS AND HOURS AVAILABLE FOR WORK	
(Inability to work certain days/hours will not necessarily disqualify you from employment)	
MON. _____ TUES. _____ WED. _____ THUR. _____ FRI. _____ SAT. _____ SUN. _____	

## AN EQUAL OPPORTUNITY/DRUG-FREE EMPLOYER

**EDUCATION**

TYPE OF SCHOOL	SCHOOL NAME AND ADDRESS	NUMBER OF YEARS COMPLETED	GRADUATED	COURSE OF STUDY OR MAJOR
	NAME		<input type="checkbox"/> YES	
	CITY/STATE		<input type="checkbox"/> NO	
COLLEGE	NAME		<input type="checkbox"/> YES	
	CITY/STATE		<input type="checkbox"/> NO	
COLLEGE	NAME		<input type="checkbox"/> YES	
	CITY/STATE		<input type="checkbox"/> NO	
VOCATIONAL OR TRADE SCHOOL	NAME		<input type="checkbox"/> YES	
	CITY/STATE		<input type="checkbox"/> NO	
OTHER	NAME		<input type="checkbox"/> YES	
	CITY/STATE		<input type="checkbox"/> NO	

DO YOU PLAN TO CONTINUE YOUR EDUCATION?  YES  NO IF YES, WHAT AREA? \_\_\_\_\_

**CREDENTIALS AND SPECIAL SKILLS**

DESCRIBE YOUR PRACTICAL EXPERIENCE AND/OR TRAINING IN THE FOLLOWING AREAS					
SKILLS/ABILITIES	YEARS	MONTHS	SKILLS/ABILITIES	YEARS	MONTHS
			SALES		
			PRODUCT LINE SOLD:		
COMPUTER/DATA PROCESSING			TYPEWRITER/WORD PROCESSING		
			TYPE: W.P.M.:		
ACCOUNTING/BOOKKEEPING			OTHER		

LIST YOUR PROFESSIONAL OR TECHNICAL LICENSES: \_\_\_\_\_

**CUSTOMER SERVICE**

DESCRIBE A SPECIFIC SITUATION WHERE YOU HAVE PROVIDED EXCELLENT CUSTOMER SERVICE IN YOUR MOST RECENT POSITION. WHY WAS THIS EFFECTIVE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFORMATION**

WITHIN THE PAST SEVEN YEARS, HAVE YOU BEEN CONVICTED OF A CRIME OTHER THAN MISDEMEANOR TRAFFIC VIOLATIONS?  
 YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

(HAVING A CRIMINAL RECORD, OTHER THAN MISDEMEANOR TRAFFIC VIOLATIONS, DOES NOT NECESSARILY MEAN YOU WILL BE DENIED EMPLOYMENT)

DURING THE PAST FIVE YEARS, HAVE YOU HAD ANY PERIODS OF UNEMPLOYMENT?  YES  NO IF YES, WHEN? \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER?  YES  NO IF NOT, SPECIFY REASON? \_\_\_\_\_

DURING THE PAST 5 YEARS, HAVE YOU EVER BEEN DISCHARGED, SUSPENDED OR ASKED TO RESIGN FOR ANY REASON FROM ANY POSITION?  
 YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

FOR THE PURPOSE OF VERIFYING INFORMATION ON THIS APPLICATION, HAVE YOU WORKED OR ATTENDED SCHOOL UNDER A DIFFERENT NAME AT ANY OF THE ORGANIZATIONS YOU HAVE LISTED?  YES  NO IF YES, SPECIFY NAME \_\_\_\_\_

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### EMPLOYMENT RECORD

LIST ALL EMPLOYMENT EXPERIENCE FOR THE PAST FIVE YEARS, STARTING WITH THE MOST RECENT OR PRESENT EMPLOYER. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER WITH ADDITIONAL EMPLOYMENT INFORMATION. RESUMES **CAN NOT** BE SUBSTITUTED FOR COMPLETING THIS EMPLOYMENT RECORD.

EMPLOYER _____	
NATURE OF BUSINESS _____	
ADDRESS _____	
PHONE NUMBER (____) _____	YOUR TITLE _____
SUPERVISOR _____ SUPERVISOR'S TITLE _____	
PRINCIPAL RESPONSIBILITIES-BE COMPLETE AND SPECIFIC	% OF TIME SPENT IN EACH AREA
_____	_____
_____	_____
_____	_____
_____	_____

LENGTH OF EMPLOYMENT	
FROM	_____
	MONTH      YEAR
TO	_____
	MONTH      YEAR
TOTAL	_____
	YEARS      MONTHS
HOURS PER WEEK	_____
LAST SALARY	_____
REASON FOR LEAVING	_____
	_____
	_____
	_____

EMPLOYER _____	
NATURE OF BUSINESS _____	
ADDRESS _____	
PHONE NUMBER (____) _____	YOUR TITLE _____
SUPERVISOR _____ SUPERVISOR'S TITLE _____	
PRINCIPAL RESPONSIBILITIES-BE COMPLETE AND SPECIFIC	% OF TIME SPENT IN EACH AREA
_____	_____
_____	_____
_____	_____
_____	_____

LENGTH OF EMPLOYMENT	
FROM	_____
	MONTH      YEAR
TO	_____
	MONTH      YEAR
TOTAL	_____
	YEARS      MONTHS
HOURS PER WEEK	_____
LAST SALARY	_____
REASON FOR LEAVING	_____
	_____
	_____
	_____

EMPLOYER _____	
NATURE OF BUSINESS _____	
ADDRESS _____	
PHONE NUMBER (____) _____	YOUR TITLE _____
SUPERVISOR _____ SUPERVISOR'S TITLE _____	
PRINCIPAL RESPONSIBILITIES-BE COMPLETE AND SPECIFIC	% OF TIME SPENT IN EACH AREA
_____	_____
_____	_____
_____	_____
_____	_____

LENGTH OF EMPLOYMENT	
FROM	_____
	MONTH      YEAR
TO	_____
	MONTH      YEAR
TOTAL	_____
	YEARS      MONTHS
HOURS PER WEEK	_____
LAST SALARY	_____
REASON FOR LEAVING	_____
	_____
	_____
	_____

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**MILITARY SERVICE RECORD**

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES? \_\_\_\_\_

IF SO, COMPLETE THE FOLLOWING: BRANCH OF SERVICE: \_\_\_\_\_

RANK AT DISCHARGE: \_\_\_\_\_

STATE DUTIES OR SPECIALIZED TRAINING: \_\_\_\_\_

**APPLICANT'S COMMENTS**

PLEASE COMMENT ON HOW YOUR PRIOR EDUCATION AND EXPERIENCES QUALIFY YOU FOR THE TYPE OF EMPLOYMENT YOU ARE SEEKING. DETAIL ANY PAST RESPONSIBILITIES AND ACHIEVEMENTS. NOTE ANY SPECIAL COURSE WORK, HONORS, ACTIVITIES, SPECIAL PROJECTS OR ANY OTHER DATA THAT WILL ASSIST US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

**Drug Testing Consent:**

I understand that if I receive and accept a job offer from Check 2 Cash, my employment will not become effective until I have passed a medical examination that consists of/includes tests for the detection of drugs. I agree to submit to this examination within twenty-four (24) hours of receiving a job offer and authorize the examining physician or medical services provider to inform Check 2 Cash of the results of my medical condition.

I understand that Check 2 Cash reserves the right to withdraw its job offer to me if I adulterate the specimen, fail to submit to this examination or fail to pass the medical examination and will not consider me for re-employment for twelve (12) months following my failure to pass a medical examination. I also understand that my passing this examination will be valid for thirty (30) days from the date my results are reported to Check 2 Cash. If I do not start work within this thirty (30) day period, I must pass a second examination before my employment can become effective.

**Other Information:**

I hereby certify that the information given by me is true in all respects. I authorize Check 2 Cash and their representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested. I understand that misrepresentation or omission of facts may result in refusal to hire or in termination of employment.

Employment with Check 2 Cash is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

In the event that I am employed, I understand that I must comply with all company policies and rules.

I further understand that employment and compensation can be terminated with or without cause or notice, at any time at the option of Check 2 Cash or the employee. This application is not a contract of employment between the applicant and Check 2 Cash. No words or actions of the Company, including employment offers or terms and conditions of employment are intended to establish an implied or expressed employment contract.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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