

APPLICATION CONTINUED

EMPLOYMENT HISTORY

(ACCOUNT FOR ALL EMPLOYMENT, START WITH MOST RECENT - - ATTACH ADDITIONAL SHEETS IF NECESSARY)

(1.) EMPLOYER	FROM/THRU	TYPE OF BUSINESS
ADDRESS	STARTING POSITION\ SALARY	FINAL POSITION\ SALARY
NAME OF SUPERVISOR	REASON FOR LEAVING	PHONE OR FAX #
BRIEF SUMMARY OF DUTIES		
(2.) EMPLOYER	FROM/THRU	TYPE OF BUSINESS
ADDRESS	STARTING POSITION\ SALARY	FINAL POSITION\ SALARY
NAME OF SUPERVISOR	REASON FOR LEAVING	PHONE OR FAX #
BRIEF SUMMARY OF DUTIES		
(3.) EMPLOYER	FROM/THRU	TYPE OF BUSINESS
ADDRESS	STARTING POSITION\ SALARY	FINAL POSITION\ SALARY
NAME OF SUPERVISOR	REASON FOR LEAVING	PHONE OR FAX #
BRIEF SUMMARY OF DUTIES		

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR EMPLOYMENT? (PLEASE CIRCLE ONE)	YES	NO
IF YES EXPLAIN: _____		

DRIVER POSITION ONLY:

IF YOU ARE APPLYING FOR A POSITION WHICH INVOLVES DRIVING, COMPLETE THE TYPES OF VEHICLES YOU ARE QUALIFIED TO OPERATE: THROUGH EXPERIENCE OR OTHERWISE.			
PASSENGER CAR _____	LIGHT TRUCK _____	HEAVY TRUCK OR TRACTOR _____	OTHER _____
DRIVER'S LICENSE NUMBER _____		STATE _____	WILL EXPIRE _____
DO YOU OWN AN AUTOMOBILE? YES _____ NO _____ IF YES, GIVE MAKE AND MODEL: _____			
DO YOU HAVE AUTO INSURANCE? YES _____ NO _____			
HAS IT EVER BEEN CANCELLED OR RENEWAL REFUSED? YES _____ NO _____			
HAVE YOU BEEN INVOLVED IN ANY VEHICLE ACCIDENTS WITHIN THE PAST THREE YEARS? YES _____ NO _____			
HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____			

PERSONAL REFERENCES (OTHER THAN RELATIVES OR PRIOR EMPLOYERS LIST ONLY THOSE AVAILABLE FOR CONTACT)

NAME	OCCUPATION	ADDRESS	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHICH OF YOUR PAST ENDEVORS SATIFIED YOU MOST?

APPLICATION CONTINUED ON NEXT PAGE...

APPLICATION CONTINUED

QUALIFIED APPLICANTS ARE CONSIDERED FOR EMPLOYMENT WITH SUNSHINE THRIFT STORES, INC., AND ITS EMPLOYEES ARE TREATED DURING EMPLOYMENT, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, DISABILITY OR OTHER, OR THE POSSIBLE NEED TO MAKE REASONABLE ACCOMMODATIONS.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY, AND ADD YOUR SIGNATURE IN THE SPACE PROVIDED.

BY APPLYING FOR THIS POSITION AND SIGNING THIS APPLICATION, I VOLUNTARILY AUTHORIZE AND GRANT FULL CONSENT TO THE COMPANY OR ITS AGENT TO CONDUCT A THOROUGH INVESTIGATION INTO MY CURRENT OR PRIOR EMPLOYMENT, AND ANY OTHER AREA OF MY BACKGROUND, INCLUDING CRIMINAL BACKGROUND (REGARDLESS OF ADJUDICATION), WHICH THE COMPANY BELIEVES RELEVANT TO MY EMPLOYMENT. I DO FURTHER FULLY CONSENT TO THE RELEASE AND DISCLOSURE TO THE COMPANY OR ITS AGENT FROM ANY PERSON, COMPANIES, CORPORATIONS OR GOVERNMENT AGENCIES ANY INFORMATION SOUGHT CONCERNING MY BACKGROUND AND DO FURTHER RELEASE FROM LIABILITY THE COMPANY OR ITS AGENT FOR ACTIONS TAKEN IN CONNECTION WITH THIS INVESTIGATION, AS WELL AS ANY PERSONS, COMPANIES, CORPORATION OR GOVERNMENTAL AGENCIES DISCLOSING SUCH INFORMATION, EXCEPT AS OTHERWISE PROHIBITED BY ANY FEDERAL OR STATE ANTI-DISCRIMINATION OR ANTI-RETALIATION LAW.

I ACKNOWLEDGE THAT ANY FALSE INFORMATION PROVIDED BY ME TO THE COMPANY OR BY OTHERS AT MY DIRECTION, SHALL CONSTITUTE GROUNDS FOR IMMEDIATE DISCHARGE, REGARDLESS OF WHEN THE FALSE INFORMATION IS DISCOVERED BY THE COMPANY. SIMILARLY, I UNDERSTAND THAT MY CONTINUED EMPLOYMENT IS CONTINGENT ON SUCCESSFULLY PASSING ANY BACKGROUND INVESTIGATION AND ANY INFORMATION DISCOVERED ABOUT ME DURING THE INVESTIGATION WHICH IS DEEMED BY THE COMPANY TO BE UNSATISFACTORY SHALL CONSTITUTE GROUNDS FOR IMMEDIATE DISCHARGE, ALSO REGARDLESS OF WHEN DISCOVERED. IF I AM RELEASED FOR THIS REASON, I WILL BE PAID ONLY THROUGH THE DAY OF MY RELEASE.

FINALLY, I UNDERSTAND THAT THE COMPANY MAY REQUIRE A MEDICAL OR OTHER EXAMINATION OR INQUIRY AT THE TIME AN EMPLOYMENT OFFER IS EXTENDED TO DETERMINE MY FITNESS AND ABILITY TO PERFORM THE JOB, AND MY OFFER OF EMPLOYMENT IS CONDITIONED ON THE SUCCESSFUL COMPLETION OF THAT EXAMINATION AND/OR A VERIFICATION OF MY ABLITY TO PERFORM THE ESSENTIAL FUNCTION OF THE OFFERED POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION. EMPLOYEES AND APPLICANTS ARE ALSO SUBJECT TO DRUG- TESTING AT THE DISCRETION OF THE COMPANY. THE COMPANY MAY ALSO REQUIRE POLYGRAPH EXAMINATIONS WHERE PERMISSIBLE BY LAW.

I AGREE TO ABIDE BY ALL OF THE COMPANY’S RULES AND REGULATIONS IF I AM EMPLOYED. I FURTHER UNDERSTAND AND AGREE THAT IF MY EMPLOYMENT IS TERMINATED FOR ANY REASON, I MUST RETURN ALL OF THE COMPANY’S PROPERTY IN MY CUSTODY, INCLUDING OFFICE KEYS, MANUALS, SALES MATERIALS, UNIFORMS AND THE LIKE, BEFORE I AM ENTITLED TO FINAL PAYMENT OF ANY AMOUNTS DUE ME ON SEPARATION.

FOR PURPOSES OF THE COMPANY OBTAINING THE RELEASE OF INFORMATION ABOUT ME, A COPY OF THIS STATEMENT WITH MY SIGNATURE SHALL HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL.

FINALLY, I ACKNOWLEDGE AND UNDERSTAND THAT MY EMPLOYMENT WITH THE COMPANY IS AT ALL TIMES “AT WILL” AND EITHER I OR THE COMPANY CAN TERMINATE THE RELATIONSHIP AT ANY TIME FOR ANY REASON OR FOR NO REASON.

FOR OFFICE USE ONLY (Oct 2011)	
POSITION:	
HIRE DATE:	
RATE OF PAY:	
SUPERVISOR:	

SIGNATURE OF APPLICANT

DATE

PLEASE COMPLETE EMPLOYMENT VERIFICATION ON BACK.