

CASHCO, INC. APPLICANT DATA SURVEY

Cashco, Inc. is an affirmative action government contractor. In compliance with government regulations, we are required to record the number of applicants by gender and ethnic category.

We ask that you indicate your race or national origin and gender. This information will not be kept with your application and will be used only in accordance with federal and state regulations.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT.

DATE _____

Position Applied For

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one:
 Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic Asian
 American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Zip Code or County of Residence

Cashco is an equal opportunity employer and provides opportunities for all qualified applicants without regard to race, color, religion national origin, sex, age or disability.

CASHCO, INC.

PO BOX 6 607 W 15TH
ELLSWORTH KS 67439

EMPLOYMENT APPLICATION

PERSONAL DATA

Name _____ Social Security No. _____
Last First Middle
Have you ever worked under another name? Yes No If yes, give name _____
Address _____ Home
Number and Street Phone No. _____
City State Zip Code Daytime Phone _____
Position Desired _____ Shift Preferred _____

Type of Employment Desired: Full Time Part Time Temporary

Are you:

YES NO over the age of 18?

YES NO a previous applicant?

YES NO a previous employee?

YES NO legally able to work in the United States?

YES NO willing to work overtime?

Other than traffic violations, have you ever been convicted of a crime? YES NO

If yes, describe in detail:

BUSINESS/ WORK REFERENCES (Do not list relatives.)

Name	Telephone No.	Address
Name	Telephone No.	Address
Name	Telephone No.	Address

MOST RECENT EMPLOYER

Are you currently working for this employer? YES NO
If yes, may we contact? YES NO

Company Name

Address

From to
Dates Employed

Job Title

Supervisor Name

Telephone #

Duties

per
Salary (HR, WK, MTH) Reason for leaving

SECOND MOST RECENT EMPLOYER

Company Name

Address

From to
Dates Employed

Job Title

Supervisor Name

Telephone #

Duties

per
Salary (HR, WK, MTH) Reason for leaving

THIRD MOST RECENT EMPLOYER

Company Name

Address

From to
Dates Employed

Job Title

Supervisor Name

Telephone #

Duties

per
Salary (HR, WK, MTH) Reason for leaving

Comments (explain any gaps in employment):

EDUCATION AND TRAINING

High school name	Location
Course of study	Degree

Business/Trade/Technical	Location
Course of study	Degree

College	Location
Course of study	Degree

ACADEMIC ACHIEVEMENTS AND ACTIVITIES

Note: Please list academic honors, scholarships, or fellowships; memberships in academic honorary societies; or participation in or offices held in extracurricular activities you consider significant. (Exclude those indicating race, color, religion, or national origin.)

PROFESSIONAL AND CIVIC MEMBERSHIPS AND ACTIVITIES

(Exclude those indicating race, color, religion, or national origin.)

APPLICANT CERTIFICATIONS

I certify that the information contained in this application for employment with Cashco is true and correct to the best of my knowledge. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the Cashco's service, whenever it is discovered.

I give Cashco the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Cashco and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I authorize any of the persons, institutions or companies referenced in this application to give Cashco all information concerning my previous employment, education or other information they may have concerning any of the subjects covered by this application.

I acknowledge that this application is only for the current job opening. If I have not heard from Cashco and still wish to be considered for employment after the current opening is filled, I understand that it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Cashco reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of Cashco, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. Additional testing of job-related skills and for the presence of drugs in my body will be required prior to employment. After an offer of employment, and prior to reporting to work, I will submit to a medical review. Depending on company policy and the needs of the job, I will complete a medical history form and be examined by a medical professional designated by the company.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

Signature of company representative as witness _____ Date _____

Cashco does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name	First	Middle	
Applicant's Signature	Driver's License Number & State		
Social Security Number	Response to the questions in this section are optional and voluntary, for ID only		
	Date of Birth: Race: Sex: M F		
Former Names and time frames (if applicable)			
Current Address	City/State	Zip & County	Dates(Month and Year)
Previous addresses			

REQUEST FOR SELF-IDENTIFICATION

Cashco, Inc. is a government contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities. We are also subject to the Vietnam Era Veterans Readjustment Assistance Act (VEVRAA) and the Veterans Employment Opportunities Act (VEOA). If you have a disability or are a veteran of the US armed forces, and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information will assist us in placing you in an appropriate position and in making accommodations for your disability. Our policy is to fully consider employees and candidates for employment without regard to their physical or mental disabilities if they are otherwise qualified to perform the essential functions of the job for which they wish to be considered. Submission of information about your disability is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit about your disability will be kept confidential, except that:

- (i) Supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities and regarding necessary accommodations;
- (ii) First aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment.
- (iii) Government officials engaged in enforcing laws administered by the OFCCP or the Americans with Disabilities Act may be informed. The information provided will only be used in ways that are not inconsistent with section 503 of the Rehabilitation Act or the Vietnam Era Veterans' Readjustment Assistant Act of 1974, as amended.

If you are an individual with a disability, a disabled veteran or a veteran of the Vietnam era covered by the act we would like to include you under the affirmative action program. It would assist us if you tell us about:

- (i) Any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and;
- (ii) The accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations.

Applicant Name: _____

Job Title Applied for: _____

Veteran Status: ___ Disabled Veteran ___ Vietnam Era Veteran
 ___ Other Veteran ___ Recently Separated Veteran (veteran who served on active duty in the U.S. military, ground, naval or air service and was discharged or released from active duty within the last twelve months)
 ___ Not a qualified veteran

Disabled Status: ___ ___ _Are you a an individual with a disability? ___ Yes
 ___ No

___ If yes, I would like to request the following disability accommodation on applied for job: _____

___ At this time I prefer not to volunteer information about my status as a veteran or any disabilities I may have. I understand I can change my mind at any time in the future.

If you would like a list of campaigns and expeditions that might qualify you as a veteran in the "other veteran" category, please ask the Human Resources office.