

GEMS N' LOANS



BEFORE YOU APPLY...

Gems N' Loans is pleased that you'd like to fill out an application for employment with us. We're always looking for great Team Members! Before you tell us about yourself, here are just a few things we'd like you to know about us:

- **Our purpose is to Wow every customer with an experience that is Remarkable, Memorable, and Fun!**
- **The mission of each and every one of our Team Members is to exceed the expectations of our customers. Accepting a position at Gems N' Loans means personally accepting this mission.**
- **Gems N' Loans does not tolerate the use of illegal drugs. Drug testing to detect the use of illegal substances may occur both prior to and during employment with us.**
- **A spirit of teamwork, genuine hospitality and fun runs throughout our organization.**
- **We provide a clean, fun and wholesome environment.**
- **We handle cash and valuable jewelry, therefore, honesty and integrity are essential to our success and absolute with no gray areas.**
- **Creating positive customer experiences is a part of everyone's job at Gems N' Loans. To work and be successful with us, you must have a genuine love for people with no hesitance whatsoever in giving your all to serve others.**
- **Neatness, cleanliness, and a professional appearance are absolutely necessary at all times.**
- **Gems N' Loans does not permit extremes in hair color or styling.**

How does all this sound to you? If this sounds like a group you would like to belong to and work with, please continue to apply.

Gems N' Loans
Corporate Office
520 North Coast Highway #102
Oceanside, CA 92054
Ph.: (760) 421-3570 * Fax: (760) 421-3571

“ An Equal Opportunity Employer,” the Company does not discriminate in employment on the basis of race, color, religion, martial status, pregnancy, national origin, citizenship, physical disability, mental disability, medical condition, sex, sexual orientation, ancestry, age, veteran status, political affiliation, or any other characteristics protected by applicable state or federal civil rights laws.

APPLICATION FOR EMPLOYMENT

Important: Please fill in your response above each line unless otherwise indicated.
All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL INFORMATION

NAME:

Last	First	Middle
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PRESENT

ADDRESS: _____

Street & Number	City	State	Zip Code
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TELEPHONE: _(_____) _____

E-MAIL: _____

JOB INTEREST

Position Applying for: _____

Have you ever filed an application with the Company before? ____ Yes ____ No

If Yes, what date? _____

How were you referred to us:

____ Employee ____ Newspaper ____ Placement Agency ____ Walk-In ____ University ____ Other

EDUCATION Complete highest grade completed in each school category:

Do you have a high school diploma, GED or equivalent? ___ Yes ___ No

College attended: _____
Graduated: ___ Yes ___ No

City & State: _____

Business/Technical
School Attended: _____
Graduated: ___ Yes ___ No

City & State: _____

Graduate School
School Attended: _____
Graduated: ___ Yes ___ No

City & State: _____

Courses/Seminars/Workshops taken (if applicable): _____

SKILLS List any computer software you are familiar with. Please indicate your level of expertise:

SOFTWARE

LEVEL OF EXPERTISE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SKILLS List any other skills you think may be of value to the company:

1. _____
2. _____
3. _____

EMPLOYMENT

May we contact these employers? ___ Yes ___ No

(LIST THE MOST RECENT EMPLOYER FIRST)

Employer: _____ Address: _____

Telephone: (____) _____ Supervisor/Manager: _____ Title: _____

Dates of Employment: From: _____ To: _____ Title: _____

Job Description: _____

Reason for Leaving: _____



Employer: _____ Address: _____

Telephone: (____) _____ Supervisor/Manager: _____ Title: _____

Dates of Employment: From: _____ To: _____ Title: _____

Job Description: _____

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Employer: _____ Address: _____

Telephone: (____) _____ Supervisor/Manager: _____ Title: _____

Dates of Employment: From: _____ To: _____ Title: _____

Job Description: _____

Reason for Leaving: _____

GENERAL JOB RELATED INFORMATION

What hours/days are you available for work? _____

Are you able to work: _____ Full Time _____ Part Time _____ Shift Work

What date are you available to begin work? _____

Are you willing to relocate? _____ Yes _____ No

Do you have reliable transportation to and from work? _____ Yes _____ No

Are you able to perform the essential functions of the position for which you are applying either with or without reasonable accommodations? _____ Yes _____ No

If necessary, please describe what type(s) of reasonable accommodations are needed: _____

If any offer of employment is made, are you willing to undergo a pre-employment physical exam that includes a drug/alcohol screen? _____ Yes _____ No

If employed, can you provide proof of your legal right to work in the United States? _____ Yes _____ No
(Proof will be required upon employment)

If employed and you are under 18, can you furnish a work permit? _____ Yes _____ No

WORK RELATED OR PROFESSIONAL REFERENCES

Name & Address

Occupation

Telephone Number

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any use of disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its president, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Further, the president of the Company may not alter the at-will nature of the employment relationship unless the president and I both sign written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination.

Signature: _____ **Date:** _____
(This application will not be considered unless it is signed)

Thank you for completing this application. Your interest in the Company is appreciated.

Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely *voluntary*, and all information will remain confidential and will *not* affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel records if you are hired by this company.

Name: _____

Sex: ___ Male ___ Female

Race/Ethnicity: ___ American Indian/Alaskan Native
 ___ Asian/Pacific Islander
 ___ Black
 ___ Hispanic
 ___ White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustments Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

 ___ Vietnam Era Veteran
 ___ Disabled Veteran
 ___ Individual with a Disability

To be completed by Employer:

EEO-1 Category: ___ 1. Officials and Managers
 ___ 2. Professionals
 ___ 3. Technicians
 ___ 4. Sales
 ___ 5. Office and Clerical
 ___ 6. Crafts – skilled
 ___ 7. Operatives – semi-skilled
 ___ 8. Laborers – unskilled
 ___ 9. Service workers

Employer information completed by:

Name: _____ Date: _____