

# 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  
3753 Mission Ave., #111  
Oceanside, CA 92058  
Ph.: (760) 421-3570 \* Fax: (760) 421-3570

“ 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: \_(\_\_\_\_\_)\_\_\_\_\_

### 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:

Grade School                      High School                      College                      Graduate School

1 2 3 4 5 6 7 8                      1 2 3 4                      1 2 3 4                      1 2 3 4

High School attended: \_\_\_\_\_ City & State \_\_\_\_\_ Graduated: \_\_\_ Yes \_\_\_ No

College attended: \_\_\_\_\_ City & State: \_\_\_\_\_  
Graduated: \_\_\_ Yes \_\_\_ No

Business/Technical  
School Attended: \_\_\_\_\_ City & State: \_\_\_\_\_  
Graduated: \_\_\_ Yes \_\_\_ No

Graduate School  
School Attended: \_\_\_\_\_ City & State: \_\_\_\_\_  
Graduated: \_\_\_ Yes \_\_\_ No

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: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Title: \_\_\_\_\_

Job Description: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Supervisor/Manager: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Title: \_\_\_\_\_

Job Description: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Supervisor/Manager: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a felony or any crime involving dishonesty or acts against a person within the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(No applicant will be denied employment solely on the grounds of a prior conviction. Each case will be considered on its own merits.)

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

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## 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

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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: \_\_\_\_\_