



4242 N. ELSTON AVENUE • CHICAGO, IL 60618-1810

PHONE: (773) 539-4444 • FAX: (773) 539-1333

PART TIME ATM/ARMORED TRUCK DRIVER/CASHIER

Thanks for your interest in possibly working for Thillens as a part of our armored car crew. The qualifications are as follows:

- Valid Illinois driver's license
- Valid FOID card
- Good driving record
- A minimum of 4 years driving experience
- Good math skills
- Able and willing to take a lie detector test for bond
- Willing to carry and purchase a firearm
- Have another job or other income

**Please note that this is a part time position . . . any 2 or 3 days,
Monday – Friday, 7:00 AM – 6:00 PM.**

If you feel you meet these qualifications, fill out the application and mail back to us at:

Thillens, Inc.

4242 N. Elston Avenue

Chicago IL 60618

FAX TO 773-539-1333

e-mail jobs@thillens.com

NOTE:

BECAUSE YOU WILL HAVE ACCESS TO OUR OFFICES AND GARAGE, YOU WILL BE SUBJECT TO A SECURITY SCREENING INTERVIEW WITH JOHN REID ASSOCIATES. THE ACCURACY OF THIS APPLICATION REGARDING PREVIOUS EMPLOYERS, DATES, SALARY EARNED, REASON FOR LEAVING, ETC., WILL BE QUESTIONED. EXCESSIVE USE OF VARIOUS VICES WILL ALSO BE SPECIFICALLY QUESTIONED BY THIS TEST: EXCESSIVE GAMBLING, ALCOHOL CONSUMPTION, MARIJUANA AND DRUG USE ARE SUBJECT TO THIS SECURITY CHECK INTERVIEW.

Thillens must evaluate hundreds of applications, which takes approximately two weeks. Please do not call our office regarding the status of your application. If your application is being considered, we will call you to set up an interview.

PART TIME ATM/ARMORED TRUCK DRIVER/CASHIER EMPLOYMENT APPLICATION

(PLEASE PRINT)

Date _____

NAME _____
(LAST) (FIRST) (MI)

SOCIAL SECURITY # _____

HOME PHONE () _____ BUSINESS PHONE () _____

PRESENT ADDRESS _____ CITY/STATE _____ ZIP _____

PREVIOUS ADDRESSES (PAST THREE YEARS):

FROM _____ TO _____
FROM _____ TO _____

APPLICANT NOTE This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process, or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. Applicant is not obligated to disclose any arrest or conviction WHICH HAS BEEN SEALED OR EXPUNGED. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment.

PAST EMPLOYMENT

MOST RECENT EMPLOYER _____

CITY _____ STATE _____

ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? YES NO

IF YES, MAY WE CONTACT? YES NO

(IF THIS IS YOUR PRESENT EMPLOYER, PLEASE LIST THE HOURS AND DAYS YOU CURRENTLY WORK)

FROM _____ TO _____ FINAL RATE PER HOUR OR WEEK _____

SUPERVISOR _____ PHONE () _____

TYPE OF WORK DONE _____

REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER _____

CITY _____ STATE _____

FROM _____ TO _____ FINAL RATE PER HOUR OR WEEK _____

SUPERVISOR _____ PHONE () _____

TYPE OF WORK DONE _____

REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER _____

CITY _____ STATE _____

FROM _____ TO _____ FINAL RATE PER HOUR OR WEEK _____

SUPERVISOR _____ PHONE () _____

TYPE OF WORK DONE _____

REASON FOR LEAVING _____

EDUCATION

Please circle highest grade completed

7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	GRADUATED	
HIGH SCHOOL _____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COLLEGE _____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER _____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DRIVERS LICENSE NUMBER _____

DO YOU HAVE A GOOD DRIVING RECORD? _____

YOU MUST HAVE A FOID CARD FOR THIS POSITION. WHAT IS YOUR FOID CARD NUMBER AND EXPIRATION DATE? _____

DO YOU HAVE ATM EXPERIENCE? (IF YES, PLEASE EXPLAIN) _____

AVAILABILITY

What date can you start? _____

For which schedules are you available? Weekdays Weekends Evenings Nights

REFERENCES Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed on other side.

Name	Address/Phone	Years Known/Relationship
_____	_____	_____
_____	_____	_____

How did you learn of this job? _____

Comments _____

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I hereby authorize the company and/or its agents to verify any of this information.

SIGNATURE _____ DATE _____

MAIL TO: THILLENS
4242 N. ELSTON AVENUE
CHICAGO IL 60618

FAX TO: 773-539-1333