



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

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

## PART TIME ATM/ARMORED TRUCK DRIVER/CASHIER

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*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

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](mailto: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  
**EMAIL:** [JOBS@THILLENS.COM](mailto:JOBS@THILLENS.COM)