

## **Alternative Dispute Resolution Policy**

In an effort to avoid costly, lengthy and time-consuming litigation, the Company has adopted an alternative dispute resolution procedure consisting of mediation and arbitration. Employee agrees that any claims, disputes, or controversies arising out of or relating to employee's application or candidacy for employment, employment and/or termination of employment against the Company with the exception of claims concerning workers' compensation, unemployment compensation, and non-competition and/or non-disclosure shall be submitted to arbitration and if unresolved, shall be submitted to final and binding arbitration before a neutral arbitrator. By way of example only, such claims shall include claims arising out of employment and/or termination of employment; claims for compensation, bonuses, commissions, expenses, fringe benefits of any kind, vacation pay, severance pay or otherwise; claims for wrongful or unjust discharge; claims based on theories of contract or tort whether at common law or otherwise; claims arising under Title VII of the Civil Rights Act, the Americans with Disabilities Act, the Age Discrimination Act or any other federal, state or local law dealing with employment; claims for discrimination including race, color, sex, religion, national origin, disability, sexual orientation; marital status or age (hereinafter "Claims").

If both the Company and Employee agree to mediation, any such Claims will be submitted first to mediation under the American Arbitration Association's National Rules for the Resolution of Employment Disputes at the nearest office of the Association in which the Employee is employed. In the event the claim is unresolved through the mediation process, or if one of the parties objects to mediation, the claim shall be settled by exclusive, final and binding arbitration in accordance with the American Arbitration Association's National Rules for the Resolution of Employment Disputes at the nearest office of the Association in which the Employee is employed. Any arbitrator selected by the parties may grant any relief or remedy, which would have been available if the matter had been heard in Court. Copies of the Association's employment rules may be obtained from the Company. The fees and expenses of the mediator and/or arbitrator shall be paid by the Company.

This Policy shall not preclude any Employee from filing charges with the E.E.O.C. or any state civil rights commission; however, after completion of the conciliation process, any unresolved disputes shall be submitted to arbitration under this Policy.

Any individual hired on or after the adoption of this Policy and any current Employee hired prior to the date of this Policy shall be deemed to have accepted this Policy as the exclusive procedure for resolving any and all claims of employment with the exception of claims concerning workers' compensation, unemployment compensation, and non-competition and/or non-disclosure.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



# APPLICATION FOR EMPLOYMENT



## PERSONAL INFORMATION

Last Name:		First Name:		Middle Initial:	Social Security #:	
Present street address:			APT #:	City:	State:	ZIP:
Home Phone: ( )	Work Phone: ( )	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, give date of birth:		
Cell Phone: ( )	Have you been employed by All Kind Check Cashing in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates of employment and location:					
Do any of your relatives work for All Kind Check Cashing? If yes, give their names: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state the nature of the offense, where and when it occurred, and the sentence imposed:				
How did you learn of this position? (Check as many as apply)						
<input type="checkbox"/> Newspaper ad		<input type="checkbox"/> College/School		<input type="checkbox"/> Referral (Name: _____)		
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Walk-in or unsolicited resume		<input type="checkbox"/> Other:		

## EMPLOYMENT DESIRED

Position Desired:	Available Employment Date: / /
	Hourly wage requirements: \$ /hour
	Salary requirements: \$ /month
Are you able to work anywhere in Lorain County <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, please explain.	
Are you able to work anywhere in Cuyahoga County <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, please explain.	

Are you applying for: <input type="checkbox"/> Full time or <input type="checkbox"/> Part time If part time, total hours available per week?	Hours Available: From:	MON	TUES	WED	THUR	FRI	SAT	SUN
	Please list how many hours you are available to work per day. To:							

Are there any limitations to your work hours?  Yes  No (i.e. Can't work nights, weekends)  
If Yes, explain:

## EDUCATION

Level	Name and location of school	Recognition of completion
High School		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational, Technical or other School		Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> College		<input type="checkbox"/> Some college <input type="checkbox"/> Undergraduate degree <input type="checkbox"/> Currently pursuing
<input type="checkbox"/> Graduate School		<input type="checkbox"/> Some college <input type="checkbox"/> Graduate degree <input type="checkbox"/> Currently pursuing

**EXPERIENCE (Please list your last four employers beginning with the most recent.)**

Name of Employer		Type of business		Phone: ( )	
Address		City	State	Zip	Salary/wages \$
Employed: From: To:	Last position:		<input type="checkbox"/> Full <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		Supervisor's Name:
Reason for leaving:				If presently employed, may we contact your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Address		City	State	Zip	Salary/wages \$
Employed: From: To:	Last position:		<input type="checkbox"/> Full <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		Supervisor's Name:
Reason for leaving:				If presently employed, may we contact your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Employed: From: To:	Last position:		<input type="checkbox"/> Full <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		Supervisor's Name:
Reason for leaving:				If presently employed, may we contact your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer		Type of business		Phone: ( )	
Address		City	State	Zip	Salary/wages \$
Employed: From: To:	Last position:		<input type="checkbox"/> Full <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		Supervisor's Name:
Reason for leaving:				If presently employed, may we contact your employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SKILLS**

In this space below, please indicate the jobs in which you've had experience and equipment you can operate. Indicate the time spent in each area.

Bank Teller: Years\_\_\_\_ Months\_\_\_\_ Weeks\_\_\_\_     10 Key Calculator     by touch or     by sight

Cash Register: Years\_\_\_\_ Months\_\_\_\_ Weeks\_\_\_\_

General Office: Years\_\_\_\_ Months\_\_\_\_ Weeks\_\_\_\_

PC skills (List software):

Please list your interests, career goals, and expectations:

**REFERENCES**

Please list the names of 3 persons whom you have known for at least one year. Do not include relatives.

Name:	Address	
Position/Company	Years acquainted	Phone: ( )
Name:	Address	
Position/Company	Years acquainted	Phone: ( )
Name:	Address	
Position/Company	Years acquainted	Phone: ( )

1. I declare that all statements and answers in this application are true and complete in all respects. I acknowledge and agree that any false statement, misleading answer, omission, concealment, or failure to answer any question fully, completely and accurately will be grounds for terminating my employment irrespective of when the information is discovered.
2. I authorize **ALL KIND CHECK CASHING, Inc. dba Cash Stop** (Company) or it's agents, at any time prior to or during my employment to: a) investigate my references; b) communicate with my former employers; c) conduct an independent investigation of my character, conduct and employment record, including, without limitation, a criminal background check. I understand that the results of investigation or background checks may be kept and preserved. Additionally, I release all parties from all liability for any damage that may result from furnishing information to **ALL KIND CHECK CASHING, Inc. dba Cash Stop**.
3. If employed, I agree to read the Employee Operations Manual and Handbook and comply with all Company rules, regulations, and policies whether set forth in the Employee Handbook or otherwise. I acknowledge that the Company can modify, change, or rescind in whole or in part its policies and practices stated in any handbook, document, memorandum or otherwise at any time without liability to anyone except for the Alternative Dispute Resolution Policy.
4. I agree that any claims, disputes, or controversies arising out of or relating to my application or candidacy for employment, employment and/or termination of employment against the Company shall be submitted to final and binding arbitration before a neutral arbitrator. By way of example only, such claims shall include claims arising out of employment and/or termination of employment; claims for compensation, bonuses, commissions, expenses, fringe benefits of any kind, vacation pay, severance pay or otherwise; claims for wrongful or unjust discharge; claims based on theories of contract or tort whether at common law or otherwise; claims arising under Title VII of the Civil Rights Act, the Americans with Disabilities Act, the Age Discrimination Act or any other federal, state or local law dealing with employment; claims for discrimination including race, color, sex, religion, national origin, disability, sexual orientation; marital status or age.
5. I hereby give my voluntary consent for a urine sample to be collected from me and submitted for a drug screening test. I understand that any positive result from such test will preclude my employment (if an applicant) or my continued employment (if current employee). I hereby consent, if I am an applicant, to the release of the test results to those Company officials who make employment decisions for the Company. Further, if a current employee, I give my consent for the release of the test results to the appropriate Company officials for determination of continued employment.
6. **I UNDERSTAND THAT ALL EMPLOYEES OF THE COMPANY ARE EMPLOYEES AT WILL AND THAT IF EMPLOYED, MY EMPLOYMENT WITH THE COMPANY MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT REASON OR NOTICE.** Nothing contained in the Employee Handbook or any other documentation provided to an employee is intended to limit, modify, change, or amend the at will nature of employment with the Company. Any salary figures provided to an employee in annual or monthly terms are stated for the sake of convenience or to facilitate comparisons and are not intended and do not create an employment contract for any specific period of time. I understand that no person other than the Company's management has the authority to agree to modify or change the at-will nature of my employment and that any such modification or change must be in writing and signed by the Company's Management.
7. As an equal opportunity employer **ALL KIND CHECK CASHING, Inc. dba Cash Stop** considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, or disability, or any other protected classes as defined by federal, state, or local law.
8. **AS A CONDITION OF EMPLOYMENT, I UNDERSTAND THE COMPANY RESERVES THE PRIVILEGE TO THOROUGHLY INVESTIGATE AND VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION.**
9. **APPLICATIONS MUST BE RENEWED EVERY 30 DAYS IN ORDER TO BE CONSIDERED FOR ANY POSITION.**
10. Can you perform the essential functions of the job with or without reasonable accommodation? \_\_\_\_\_
11. I agree that upon termination of my employment I will return all Company property and records in my possession.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_