

EMPLOYMENT / JOB APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER: We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, physical or mental disability, or any other legally protected status. No question on this application is intended to secure information to be used for discriminatory reasons. This application will be considered an active application for 90 calendar days.

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

Length of time at this address: _____

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU AT OR OVER THE AGE OF 18? ☐ YES ☐ NO*

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN BONDED? ☐ YES ☐ NO*

HAVE YOU EVER HAD A BOND REFUSED OR CANCELED? ☐ YES* ☐ NO

IF SO, WHAT WAS THE REASON PROVIDED? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

***IF YES, NATURE OF OFFENSE:** _____

COURT DATE: _____ **LOCATION:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? ☐ YES ☐ NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

NAME OF SUPERVISOR: _____

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY **ENDING PAY:** \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ **RESPONSIBILITIES:** _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

CAN WE CONTACT THIS SUPERVISOR? ☐ YES ☐ NO*

IF NOT, WHY NOT? _____

EMPLOYER 2: _____
Company / Individual

NAME OF SUPERVISOR: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

CAN WE CONTACT THIS SUPERVISOR? ☐ YES ☐ NO*

IF NOT, WHY NOT? _____

EMPLOYER 3: _____
Company / Individual

NAME OF SUPERVISOR: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ ☐ HOUR ☐ SALARY ENDING PAY: \$ _____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

CAN WE CONTACT THIS SUPERVISOR? ☐ YES ☐ NO*

IF NOT, WHY NOT? _____

REFERENCES

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

APPLICANT'S CERTIFICATION – PLEASE READ BEFORE SIGNING

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume. You understand that you may be ineligible for consideration for the position if the application is not completed in full.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge in this application (and accompanying resume if applicable). If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated if discovered at a later date. I authorize the use of any information in this application to verify my statements. In addition, I authorize any previous employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability or damages on account of having furnished information. I consent to such investigations as the Bank may make regarding my driving records, law enforcement records, credit reports, and my general background and will agree to be fingerprinted, if necessary.

I, the Applicant, understand that nothing contained in this employment application, or in the granting of an interview, or of a position of employment is intended to create an employment contract between the Bank and myself for either employment or the providing of any benefits. No promises regarding employment have been made to me and I understand that no promise or guarantee of employment for any specific length of time or under any specific circumstances shall be binding upon the Bank unless made in writing by or with the express written consent and authorization of the President of the Bank. I understand that if an employment relationship is established, that I will be employed at-will and that I have the right to terminate my employment at any time and for any reason and the Bank retains that same right.

I understand that if I am employed, I will comply with the policies and rules which are issued by the Bank. I also understand that the policies and rules are not a condition of employment and that they may be revised, in whole or in part, at any time. Furthermore, should specifically drug testing be required, I consent to undergo such testing and refusal could result in my termination.

Important: If you do not understand or if you disagree with any portion of this above certification, do not sign before discussing with a member of management.

SIGNATURE _____ **DATE** _____

PRINT NAME _____