

Employment Application

PERSONAL INFORMATION

Job Applied For		Date	
Name (Last Name First)		<u>I</u>	
Address	City	State	Zip
E-mail Address		Phone	
Are you 18 Years or Older? If not, can you submit □Yes □No □Yes □No	a work permit?		

This EEO Policy Statement is an annual reminder that all employees are protected from discrimination under the laws we enforce. Employees and applicants for employment are covered by federal laws and Presidential Executive Orders designed to safeguard employees and job applicants from discrimination on the basis of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age, disability, genetic information (including family medical history), political affiliation, military service, or other non-merit based factors. These protections extend to all management practices and decisions, including recruitment and hiring, appraisal systems, promotions, training, and career development programs. Consistent with these obligations, the bank also provides reasonable accommodations to employees and applicants with disabilities; known limitations related to pregnancy, childbirth, or related medical conditions; and for sincerely held religious beliefs, observances, and practices.

APPLICATION FOR EMPLOYMENT

DESIRED EMPLOYMENT

What Position Or Type Of Work Are You Seeking?	If Hired, When Will You Be Available To Start?	Salary Desired		
Are You Employed Now?	If So May We Inquire of Y Present Employer?	our □Yes□No		
Ever Applied To This Company Before?	Where?	When?		
Ever Worked For This Company Before?	Where?	When?		
Are You Interested In:	What Days and Hours are you willing to work?	Can you work overtime if required?		
Who Referred You To This Company? Employment Agency Newspaper Advertising Friend				
□ State Employment Office □ College Placement Service □ Walk In □ Other				

EDUCATION

School Level	Name and Address of School	Course of Study	# of Years Completed	Diploma, Degree, GED, Certification
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Describe any job related specialized training, apprenticeship, skills and extra-curricular activities: (*Please do not include any information that would reveal a protected class status*)

List any job-related professional or technical organizations to which you belong: (*Please do not include any information that would reveal a protected class status*)

FORMER EMPLOYERS List Last Three Employers, Starting With The Most Recent One First.

Name of Present or Last Employer					
Address	City	State	Zip		
Starting Date	Leaving Date	Job Title			
May We Contact Your Supervisor Yes No					
Name of Supervisor	Title	Phone			
Description of Work					
Reason For Leaving					

Name of Previous Employer					
Address	City	State	Zip		
Starting Date	Leaving Date	Job Title			
May We Contact Your Supervisor 🗆 Yes 🗆 No					
Name of Supervisor	Title	Phone			
Description of Work					
Reason For Leaving					

Name of Previous Employer					
Address	City	State	Zip		
Starting Date	Leaving Date	Job Title			
May We Contact Your Supervisor 🗆 Yes 🗆 No					
Name of Supervisor	Title	Phone			
Description of Work					
Reason For Leaving					

SPECIALIZED SKILLS

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(neck	Skills/	เป็นเป็น	nment	Operated
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□ Word	□ Microsoft Outlook	□ Other
□ Excel	Desktop Publishing	
□ PowerPoint	□ 10-Key	

REFERENCES

Name	Address	Business & Phone	Years Acquainted

Can you meet the job requirements of the position for which you applied with or without an accommodation? Yes
No-Explain:

Can you meet the work schedule or attendance requirements of the job?

 \Box Yes \Box No-Explain:

Can you, if employed, submit verification of your legal right to work in the United States? \Box Yes \Box No

APPLICANT'S STATEMENT

"I certify that the facts contained in this application and any accompanying resume are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application or resume may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that the company shall not be liable in any respect if my employment is so denied or terminated.

I authorize investigation and verification of all statements contained herein and the references and former employers and employees to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise to include credit history, education, employment verification, personal references and criminal records. I release the company from all liability for any damage that may result from receiving and/or using such information.

I hereby understand and acknowledge that, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause or notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that this application and any employee manuals or handbooks that may be distributed to me shall not be construed or relied upon as a contract.

Signature of Applicant: