



List all additional Employers on a supplemental Sheet

<b>EMPLOYER</b> (present or last):			Supervisor's Name
Street Address	City	State	Zip Code
Area Code/Phone Number			
Job Title: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Base Salary (Annual or Hourly): Start _____ Final _____		Dates Employed (Month/Year): From _____ To _____
Describe responsibilities:			
Reason for leaving:			
Presently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EMPLOYER</b> (previous):			Supervisor's Name
Street Address	City	State	Zip Code
Area Code/Phone Number			
Job Title: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Base Salary (Annual or Hourly): Start _____ Final _____		Dates Employed (Month/Year): From _____ To _____
Describe responsibilities:			
Reason for leaving:			
Presently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EMPLOYER</b> (previous):			Supervisor's Name
Street Address	City	State	Zip Code
Area Code/Phone Number			
Job Title: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Base Salary (Annual or Hourly): Start _____ Final _____		Dates Employed (Month/Year): From _____ To _____
Describe responsibilities:			
Reason for leaving:			
Presently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EMPLOYER</b> (previous):			Supervisor's Name
Street Address	City	State	Zip Code
Area Code/Phone Number			
Job Title: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Base Salary (Annual or Hourly): Start _____ Final _____		Dates Employed (Month/Year): From _____ To _____
Describe responsibilities:			
Reason for leaving:			
Presently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EMPLOYER</b> (previous):			Supervisor's Name
Street Address	City	State	Zip Code
Area Code/Phone Number			
Job Title: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Base Salary (Annual or Hourly): Start _____ Final _____		Dates Employed (Month/Year): From _____ To _____
Describe responsibilities:			
Reason for leaving:			
Presently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>UNEMPLOYMENT:</b> State all Intervals of unemployment, if any, from school to present time:			
From (Mo./Yr.): _____	To (Mo./Yr.): _____	Reason: _____	
From (Mo./Yr.): _____	To (Mo./Yr.): _____	Reason: _____	
<b>Military</b>			
Have you ever served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Duty: From: _____ To _____	
		Rank at Discharge: _____	
Type of Military Duties: _____			

## EDUCATION AND TRAINING

(Please list all high schools, colleges and special courses attended, time at each and grades completed. Also list below any professional designations or American Institute of Banking courses completed.)

Name of School	City and State	No of Years Completed	Major Studies, Degree	Grade Average
High School				
Business				
College				
Graduate				
American Institute of Banking, Institute of Financial Education or Other Related Courses			Date	
Other (describe)				
Professional Designations/Licenses				
If you did not graduate, why did you leave school or college?				
Are you attending school or planning to pursue further studies?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, <input type="checkbox"/> Day School <input type="checkbox"/> Night School What course?	When?	Where?	

## JOB INFORMATION

Have you ever been asked to resign or been discharged from any position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain.			
Have you ever been placed on probation, counseled, warned or disciplined for tardiness, absenteeism, or work performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain.			
Have you ever been bonded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Refused Bond? <input type="checkbox"/> Yes <input type="checkbox"/> No
State approximately the number of days, including partial days you were absent from work or school in the past 12 months.			
Have you ever been convicted or pled guilty to a criminal offense (including but not limited to robbery, embezzlement, forgery, perjury, etc.) other than minor traffic offenses?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.		
Have you signed a patent/confidentiality agreement or agreement not to compete with your current or former employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, explain.			

## PERSONAL REFERENCES (Not Former Employers or Relatives)

Name	Occupation	Address	How do you know this person? (Friend, Business Associate, Professional, Neighbors)	Phone Number
1.				
2.				
3.				

\_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**DISCLOSURE STATEMENT**

This Company does not discriminate in hiring or any employment practice on the basis of race, color, religious creed, national origin, sex, ancestry, age, or citizenship status nor does this Company discriminate against any employee or applicant for employment because of physical or mental disability, nor does this Company discriminate against Vietnam era veterans or veterans with disabilities. Applicants will be considered regardless of disability if otherwise qualified with or without reasonable accommodation. No question on this application is intended to secure information to be used for such discrimination. If you feel that you have been discriminated against in any prohibited manner during this selection process, please ask to speak to the Equal Opportunity Coordinator in order for the matter to be investigated further.

This application will be given every consideration, but its receipt does not imply that you will be employed.

This Company, at its own expense, arranges for a surety bond on each of its employees. Unless your background is acceptable to a surety company, it will be difficult to secure this bond and the Company may be unable to offer employment in certain positions.

**STATEMENT AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the employer permission to contact schools, previous employers, references, and all others, and hereby release the employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts, or incomplete information requested in this application may remove me from further consideration for employment or may result in my dismissal, should I be employed.

I hereby acknowledge that I have read the foregoing disclosure statement and understand the contents. I authorize the preparation and use of the aforementioned consumer report. I understand that any offer of employment and my continued employment in certain classes of jobs may be conditioned on the requirement to take a post-offer, pre-employment physical examination. I also understand that my initial and continued employment is conditioned on my being able to perform the essential functions of the job according to the standards set by the Company, with or without reasonable accommodation. I understand that as a condition of initial and continued employment, I may be requested to submit to a urinalysis or other type of analysis that test for illicit drugs, alcohol or controlled substances. I further understand that failure to comply with the request to cooperate in tests for illicit drugs, alcohol or controlled substances will subject me to termination and that the results of these test must be satisfactory to my employer as a condition of employment.

It is agreed and understood that this Application for Employment in no way obligates the Company to employ me and that any offer of employment is subject to the terms and conditions stated on this application form. I agree and understand that my employment is for no definite duration and may be terminated at will by either the Company or me. It is agreed and understood by me that participation in any of the benefit programs of the Company does not create a contract of employment. Additionally, the Employment Handbook or other statements of Company policy is not a contract, should not be construed as a contract and cannot create a contract of employment for any definite duration. I agree and understand that only the Chairman of the company has the authority to establish a contract of employment with me, and that any such contract must be in writing, designated as an employment contract, and signed by both parties.

Date \_\_\_\_\_ Signature \_\_\_\_\_

<b>For Personnel Department Use Only</b>			
(After an offer is accepted)			
Date of employment		Salary(Hr., Mo., or An.)	
Location:	Division:	Salary Grade:	Job Code:
Supervisor:	Department:	Cost Center:	Shift:
Classification:	Benefits Waiting Period:		
Source of hire:	Date:	Authorization Signature:	