

APPLICATION FOR EMPLOYMENT



We consider applicant for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

Position(s) Applied for	Date of Application
How Did You Learn About Us?	

Last name	First	Middle			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number (voluntary)				

Best time to contact you at home is: _____ : _____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you filed an application with us before? Yes No
If yes, give date _____

Have you been employed by us before? Yes No
If yes, give date _____

Do any of your friends or relatives, other than spouses, work here? Yes No
If yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Date available to work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time Part Time Hours Available ____:____ - ____:____

Are you currently on "lay off" status to recall? Yes No

Can you travel if the job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rates/Salary		
Starting/Present Job Title	From	To	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rates/Salary		
Starting/Present Job Title	From	To	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rates/Salary		
Starting/Present Job Title	From	To	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rates/Salary		
Starting/Present Job Title	From	To	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment

Describe any specialized training, internships, skills and extra-curricular activities.

List professional, trade, business or civil activities and offices held.

You may exclude organizations which indicate race, religion, gender, national origin, disabilities or other protected status.

Additional Information: Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Skills/Equipment Operated)

Banking/Loan Software

- Encompass
- Laser Pro
- ITI
- Platform Premier
- Navigator

Microsoft Office

- Word
- Excel
- Outlook
- PowerPoint

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reason accommodation, the activities involved in the job or occupation for which you have applied? A review of these activities involved in such a job or occupation has been given. Yes No

Personal/Professional References

Do not include any family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable laws, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at anytime and the Employer may discharge Employee at any time with or without cause. 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer,



Signature of Applicant

Date