Employment Application

We consider Applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or any other legally protected status.

(PLEASE PRINT) Date of Application Position(s) Applied For Middle Name First Name Last Name Zip Code City Number Street Present Address Zip Code State Number Street City Previous Address Home Social Security Number Telephone Number(s) Work Message If you are under 18 years of age, can you provide required No Yes proof of your eligibilty to work if required? No Yes Have you ever filed an application with us before? If Yes, give date From To Have you ever been employed with us before? Mo./Yr. Mo./Yr. If Yes, give dates No Yes Are you currently employed? Yes No May we contact your employer? Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? □ No Yes Proof of citizenship or immigration status will be required upon employment. On what date would you be available for work? ☐ Full Time ☐ Part Time Shift Work □ Temporary Are you available to work:? Are you currently on "lay-off" status and subject to recall? Yes No Yes No Can you travel if a job requires it? Yes No Have you ever been convicted of a criminal offense involving dishonesty or breach of trust (including but not limited to robbery, embezzlement, forgery, perjury, tax evasion, ect.)? If so, please explain below.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

		E	lem	entar	y Sch	ool		High	Schoo	il		nder (Grad Profes	uate /	
School Names	and Location																	
Years Comple	ted	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	1
Diploma / Deg	ree																	
Describe Cour	rse of Study																	
Describe any s training, appr skills, and ext activities	enticeship,																	
Describe any honors you ha recieved	ve																	
	ou feel may be n considering																	
	Indicate	e an	y fo	oreig	gn la	ang	uage	s you	can	spea	k, re	ad ar	nd/o	r wri	te			
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Employment Experience

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

-	Employer		Dates Er	nployed	
. [From	To	Work Performed
	Address				
ŀ	Telephone Number(s)		Hourly Rat	a/Salary	
١			Starting	Final	
Ì	Job Title	Supervisor			
	Reason for Leaving				
ł	Employer		Dates E	nnloved	
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I	Telephone Number((s)	Hourly Rat	e/Salary	
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	Job Title	Supervisor			
	Reason for Leaving				
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	Address				
١	Telephone Number	(8)	Hourly Ra	te/Salary	
			Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
	Employer		Dates E	mployed	
			From	To	Work Performed
	Address				
	Telephone Number(s)		Hourly Rs	te/Salary	
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

Applicant's Statement

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask an employment interviewer before signing. 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. In processing this employment application, the Employer may request that a consumer report be prepared, which may include information as to character, general reputation, police record, personal characteristic and mode of living. You have the right to request that the Employer completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resource Department within a reasonable time after you complete this application. I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with policy. I authorize my references to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the policies, rules, regulations, and other communications. I further agree my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Bank or myself. I understand that no representative, other than the Chief Executive Officer, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I hereby acknowledge that I have read the above statement and understand the same. Signature of Applicant Date FOR EMPLOYER USE ONLY (To be filled in after applicant is hired or refused employment) RATE OF PAY CIRCLE ONE EMPLOYEE NO. REHIRE ? DATE EMPLOYED Salaried Hourly □ Yes □ No FORMER LAST NAME SOCIAL SECURITY NO POSITION NO. JOB TITLE PROFIT/COST CENTER NO. STATUS LOCATION NAME/NUMBER ☐ Part-Time ☐ Full-Time ☐ Temporary HIRING APPROVAL (Two Signatures Required) DATE EXECUTIVE PERSONNEL REPRESENTATIVE DATE DATE SUPERVISOR NOTES _

Employment Data Record (Employment Application Insert)

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply. The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements, Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or Personnel File. Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. Please Print Name: ___ Date: First Middle Address: City State Zip Position Applied For: REFERRAL SOURCE: ☐ Advertisement □ Employment Agency - Private ☐ School/Training Institution Friend ☐ Relative ☐ Employment Agency - State ☐ Walk-in Other ☐ Employment Referral Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

☐ Female

☐ Disabled Veteran

☐ American Indian/Alaskan Native

☐ Handicapped Individual

☐ Asian/Pacific Islander

☐ Male

☐ Hispanic

Other

Check One Of The Following: (Ethnic Origin)

Check If Any Of The Following Are Applicable

☐ Vietnam Era Veteran

Check One:

White

Black