

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

EMPLOYMENT

1	Employer			Telephone () -
	Address		City	State Zip
	Dates Employed (Month & Year)		From To	
	Immediate Supervisor Name and Title		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reason for Leaving			
Compensation Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start \$ Final \$				
Your Job Title and Duties (describe):				
What did you like about your position?				
What did you like least about your position?				

2	Employer			Telephone () -
	Address		City	State Zip
	Dates Employed (Month & Year)		From To	
	Immediate Supervisor Name and Title		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reason for Leaving			
Compensation Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start \$ Final \$				
Your Job Title and Duties (describe):				
What did you like about your position?				
What did you like least about your position?				

3	Employer			Telephone () -
	Address		City	State Zip
	Dates Employed (Month & Year)		From To	
	Immediate Supervisor Name and Title		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reason for Leaving			
Compensation Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start \$ Final \$				
Your Job Title and Duties (describe):				
What did you like about your position?				
What did you like least about your position?				

4	Employer			Telephone () -
	Address		City	State Zip
	Dates Employed (Month & Year)		From To	
	Immediate Supervisor Name and Title		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reason for Leaving			
Compensation Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start \$ Final \$				
Your Job Title and Duties (describe):				
What did you like about your position?				
What did you like least about your position?				

Explain any gaps in your employment other than those due to personal illness, injury, or disability.	
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Skills and Qualifications

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

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Job Related Organization – Professional, Trade, Civic, Etc.

List accomplishments, publication, awards, etc. (Exclude information which would reveal sex, race, age, color, religion, national origin, citizenship, mental or physical disabilities, or other protected status.)

Additional Job Related Information

Is there any other job related information you want us to know about you? Please list below.

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COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES.

MILITARY	Describe your duties and any special training		Branch of Service
	Period of Active Duty (Month & Year) From _____ To _____	Rank at Discharge	Date of Final Discharge

EDUCATION	School	Name and Location of School (Include City and State)	Course of Study Major/Minor	# of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____

Please list three business/work references that can provide us with information about your qualifications to perform the job for which you are applying. **Do not include relatives.** If not applicable, list three school or personal references who are not related to you.

REFERENCES	<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Occupation</u>	
	1.	_____			
	2.	_____			
	3.	_____			

**If required to drive a motor vehicle
for the job applying for, state your:**

Driver's License Number: _____

State Issued: _____

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

Applicant Statement

I certify that all information I have provided (this application and accompanying resume, if any) in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have against the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process. I further release all other persons, corporations or organizations that furnish such information about me in a lawful manner.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for 180 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice and that employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's President, or designated Human Resources Representative.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I agree to abide by all financial institution work rules, policies, and procedures. The financial institution reserves the right to revise its policies and procedures, in whole or in part at any time.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____ / ____ / ____

For Human Resources Department Use ONLY

HR Rep Assigned: _____ (initials)

Arrange Interview: Yes No

Who: _____

Employed on: _____ Job Title: _____ Rate of Pay: _____

Supervisor: _____ Location: _____

APPLICANT DATA RECORD

Our organization is committed to the employment and advancement of minorities, individuals with disabilities and veterans. Prospective employees will receive consideration without regard to race, color, religion, sex, national origin, age, veteran status, disability, 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 once the data is recorded, it is maintained in a separate file.

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran, and other protected status of prospective employees. The data is for the statistical analysis with respect to the success of the Affirmative Action Program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name: _____

Position(s) Applied For: _____

Referral Source:

- | | | |
|---|--|---|
| <input type="checkbox"/> College Placement Office | <input type="checkbox"/> Internet | <input type="checkbox"/> Industry Publication |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Walk-in | <input type="checkbox"/> Friend |
| <input type="checkbox"/> THE National Bank employee | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> State Job Service |
| <input type="checkbox"/> Other | | |

Check One: Male Female

Check One Of The Following: *(Ethnic Origin)*

- | | | |
|--------------------------------|---|-----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian Pacific Islander | |

Check If Any Of The Following Are Applicable:

- Veteran of the Vietnam Era
- Other Protected Veteran
- Newly Separated Veteran (within the past one-year period)
- Disabled Veteran