

First State Bank

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION



PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age, veteran status, and any other status as protected by applicable law. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

Personal Information

Full name:	<div>Last</div> <div>First</div> <div>M.I.</div>	Date:	
Address:	<div>Street address</div> <div>Apt./Unit #</div>	Phone:	
	<div>City</div> <div>State</div> <div>Zip Code</div>		
Email:			

Are you 18 years of age, or over? Yes ☐ No ☐

Applicant Information

Date Available:		Desired salary:	\$
Position applied for:		Location:	
Other names used in prior employment			
How were you referred to our company?			
Are you a citizen of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for this company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	
Have you ever pleaded guilty to, or been convicted of, a criminal offense?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain.	
Have you ever been involuntarily discharged from a position?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain.	
Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic, or other health care provider selected by the company?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Education

High school:		City, State:	
From:		To:	
Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diploma:			
College:		City, State:	
From:		To:	
Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree:			
Other:		City, State:	
From:		To:	
Did you graduate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree:			
Are you presently in school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If yes, give expected completion date.	

Special Skills

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying.

List software, computer, or special skills relative to your ability to perform the functions of the position for which you are applying. Include skill level and/or year of experience.

Other

Please share any other information that you feel would be helpful in consideration of your application for this position.

Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	Start Date:	_____ To: _____
Responsibilities:	_____		
Salary	Start: _____	Finish	_____
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason(s) for terminating or considering a change		_____	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	Start Date:	_____ To: _____
Responsibilities:	_____		
Salary	Start: _____	Finish	_____
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason(s) for terminating or considering a change		_____	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	Start Date:	_____ To: _____
Responsibilities:	_____		
Salary	Start: _____	Finish	_____
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason(s) for terminating or considering a change		_____	

References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates, and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to verification of previous employment and employment references, and verification of education including requests for transcripts, credit reports, motor vehicle driving records, and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations, or corporations furnishing such information.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event, I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and/or proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfactorily passing a drug screening, if one is requested, to be given by a physician, clinic, or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant or any consider for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statement and accept them as conditions of employment with the company.

Signature:	_____	Date:	_____
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PLEASE READ BEFORE COMPLETING THIS SURVEY

All applicants receive consideration for positions without regard to race, color, religion, sex, age, national origin, marital status, veteran status, disability, or any other legally protected status.

We comply with all applicable government regulations, including affirmative action obligations. In an effort to comply with government recordkeeping and reporting requirements, we ask that you provide the following information. Please be advised that information provided on this form is confidentially maintained and will not be retained with your employment application or be considered in any hiring decision.

Equal Employment Opportunity Classification

RACE/ETHNIC GROUP: Check only One Box

American Indian/Alaskan Native ☐

Asian/Pacific Islander ☐

Black ☐

Hispanic ☐

White ☐

SEX:

Male ☐

Female ☐

DISABILITY:

Individual with a disability ☐

VETERANS GROUP:

Vietnam Era Veteran (You performed duty anytime after August 5, 1964, and before May 7, 1975) ☐

Disabled Veteran (You were discharged or released from active duty in the military service of the U.S. because of a disability incurred or aggravated in the line of duty, or you are entitled to disability compensation under the laws administered by the U.S. Veterans Administration for a disability rated at 30 percent or more) ☐

PRE/POST-EMPLOYMENT INQUIRY RELEASE

In connection with my employment application (including contract services) with you, I understand that investigative background inquiries may be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits performance, and experience, along with the reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

In addition, I understand I have no guarantee of employment by this organization; however, if I am employed by this organization, I understand that post-employment investigative background inquiries including consumer, criminal, driving, and other reports may be made on myself at the discretion of the organization.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

PRINT FULL NAME _____

SOCIAL SECURITY NO. _____ *DATE OF BIRTH _____

CURRENT ADDRESS _____

CITY/STATE/ZIP CODE _____

DRIVER'S LICENSE NO. _____ STATE _____

EMAIL _____

APPLICANT'S SIGNATURE _____

DATE _____

PROSPECTIVE EMPLOYER _____

Additional Notes

*Date of birth is being requested to obtain accurate retrieval or records.