

Application for Employment



Answer all questions (please print)

NOTICE

READ THIS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION

Give truthful information. Truthful information will get you more consideration for this position than a good impression you try to make with untruthful information. Failure to disclose complete truthful information will be cause for termination.

ABC Bank's policy is to seek highly qualified employees and to select without regard to race, color, religion, sex, age, national origin, disability, veteran status or any other legally protected status.

Complete all spaces on the form; if a question is not applicable to you, so indicate.

LAST NAME		FIRST NAME		MIDDLE INITIAL	
STREET ADDRESS					
CITY, STATE, ZIP					
SOCIAL SECURITY NO.			DATE OF APPLICATION / /		
DRIVER'S LICENSE NUMBER (if job related)			STATE		
HOME PHONE ()			BEST TIME TO CALL		
MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WORK PHONE ()			BEST TIME TO CALL		
IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WILL YOU WORK OVERTIME IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
POSITION DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME					

REFERRAL SOURCE:

- ADVERTISEMENT EMPLOYEE RELATIVE
 WALK-IN PRIVATE EMPLOYMENT AGENCY
 GOVERNMENT EMPLOYMENT AGENCY
 OTHER _____

HAVE YOU FILED AN APPLICATION HERE BEFORE? YES NO IF YES, WHEN _____

HAVE YOU EVER WORKED FOR ABC BANK BEFORE? YES NO IF YES, WHEN _____ WHERE _____

NAME OF SUPERVISOR _____

DO YOU HAVE ANY RELATIVES CURRENTLY WORKING FOR ABC BANK? YES NO IF YES, NAME(S) _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS? YES NO IF YES, PLEASE, EXPLAIN _____
(Such conviction may be relevant if job related, but does not bar you from employment.)

WHEN WILL YOU BE ABLE TO BEGIN WORK? _____

DAYS AND HOURS AVAILABLE FOR WORK:

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
A.M.														
P.M.														

IF YOUR AVAILABILITY CHANGES, IT IS YOUR RESPONSIBILITY TO ADVISE THE FACULTY MANAGER IN WRITING.

EDUCATION:	NAME OF SCHOOL	# OF YEARS COMPLETED	GRADUATE?	TYPE OF COURSE OR DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER				

PREVIOUS EMPLOYMENT (List Last Employment First) #1

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED (Month and Year) From: To:
NAME OF SUPERVISOR AND TITLE MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	HOURLY RATE/SALARY Start: Last:
PLEASE STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

PREVIOUS EMPLOYMENT (List Last Employment First) #2

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED (Month and Year) From: To:
NAME OF SUPERVISOR AND TITLE MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	HOURLY RATE/SALARY Start: Last:
PLEASE STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

PREVIOUS EMPLOYMENT (List Last Employment First) #3

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED (Month and Year) From: To:
NAME OF SUPERVISOR AND TITLE MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	HOURLY RATE/SALARY Start: Last:
PLEASE STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

PREVIOUS EMPLOYMENT (List Last Employment First) #4

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED (Month and Year) From: To:
NAME OF SUPERVISOR AND TITLE MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	HOURLY RATE/SALARY Start: Last:
PLEASE STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

PERSONAL REFERENCES (List name and telephone number of three business/work references who are *not* related to you and who are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.)

NAME	TELEPHONE	YEARS KNOWN

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider. _____

I authorize this company to make an investigation of all information contained in this application for employment, and I release from all liability, any and all companies, corporations, and associations supplying such information. I understand that any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including physical, psychological, emotional, or psychiatric condition that is job related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician.

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time. This application is current for only **30 days**. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application. I have read and understand the above.

Applicant's Signature _____ Date _____

CHECK OVER THE FOREGOING APPLICATION, BE SURE IT IS COMPLETE AND SIGNED, AND RETURN IT TO INTERVIEWER.

BRANCH _____

HIRED

IFA CHECK

JOB TITLE _____

DATE HIRED _____

FULL TIME PART TIME

RATE OF PAY _____

DEPT. _____

FOR EMPLOYER'S USE ONLY

INTERVIEWER'S NAME _____

DATE OF INTERVIEW ____/____/____

COMMENTS: _____

SUPERVISOR'S SIGNATURE

RESULTS FROM CHECKING REFERENCES

NAME OF PERSON CONTACTED	COMMENTS