

EMPLOYMENT APPLICATION

If you need accommodation to complete the application process, please advise us.

We appreciate the time you spend filling in this application; all portions must be completed. We use this information to help us make the best possible placement in our organization. In accordance with state and federal laws, our organization does not discriminate on the basis of age, race, religion, color, sex, sexual orientation, national origin, marital status, physical or mental disability, medical condition, or any other characteristic protected by state or federal law. Please answer each question completely and accurately.

PERSONAL & EMPLOYMENT DATA

DATE		
NAME	HOME PHONE	BUS. PHONE
ADDRESS	CITY	STATE ZIP CODE
Are you over 18 yrs. of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a legal right to permanently live and work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
POSITION OR TYPE OF WORK DESIRED	<input type="checkbox"/> Regular <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time	DATE AVAILABLE SALARY DESIRED \$
How Were You Referred To Us? <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> On your own <input type="checkbox"/> Agency <input type="checkbox"/> Bank Employee	NAME(S) OF REFERRAL/NEWSPAPER SOURCE(S) CHECKED	

EDUCATIONAL & PROFESSIONAL HISTORY

		GRADUATED YES/NO* - Year	GRADE/HOURS COMPLETED	DEGREE/ CURRICULUM
HIGH SCHOOL	NAME :			
	CITY : STATE :			
*If you did not graduate, do you have a high school equivalency diploma or certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date:		
COLLEGES AND UNIVERSITIES	NAME :			
	CITY : STATE :			
	NAME :			
	CITY : STATE :			
OTHER TRAINING	NAME :			
	CITY : STATE :			
PROFESSIONAL LICENSES AND CERTIFICATIONS		AFFILIATIONS WITH PROFESSIONAL ORGANIZATIONS		
SKILLS & ABILITIES	<input type="checkbox"/> Typing WPM _____ <input type="checkbox"/> Personal Computer Skills <input type="checkbox"/> 10 Key Calculator <input type="checkbox"/> Other			

You must complete this section even if you are attaching a resume.

EMPLOYMENT HISTORY List current or most recent employment first and continue in that sequence.

NOTE: IF YOU DO NOT WANT YOUR CURRENT EMPLOYER CONTACTED, PLEASE CHECK HERE.

FIRM NAME	JOB TITLE	STARTING DATE MO. YR.	ENDING DATE MO. YR.
ADDRESS	START SALARY	END SALARY	
CITY	STATE	ZIP CODE	TELEPHONE NO.
SUPERVISOR'S NAME	REASON FOR LEAVING		
DUTIES			
FIRM NAME	JOB TITLE	STARTING DATE MO. YR.	ENDING DATE MO. YR.
ADDRESS	START SALARY	END SALARY	
CITY	STATE	ZIP CODE	TELEPHONE NO.
SUPERVISOR'S NAME	REASON FOR LEAVING		
DUTIES			
FIRM NAME	JOB TITLE	STARTING DATE MO. YR.	ENDING DATE MO. YR.
ADDRESS	START SALARY	END SALARY	
CITY	STATE	ZIP CODE	TELEPHONE NO.
SUPERVISOR'S NAME	REASON FOR LEAVING		
DUTIES			

PERIOD OF UNEMPLOYMENT

Please identify and explain all periods of unemployment in excess of one month during the past ten years:

FROM	TO	REASON FOR UNEMPLOYMENT

REFERENCES

List three people other than relatives who know of your qualifications for the position(s) for which you are applying.

PROFESSIONAL/BUSINESS	ADDRESS			PHONE NO.	PROFESSIONAL RELATIONSHIP	YEARS KNOWN
	City	State	Zip			

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment may result in rejection of this application or my immediate discharge if I am employed, regardless of the time elapsed before discovery.

Signature

Date