

DATE:

APPLICATION FOR EMPLOYMENT

We are pleased that you are interested in applying for a position with our Financial Institution. This institution does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry; or on the basis of age against persons 40 and over; or on the basis of disability against qualified individuals with disabilities as defined by the Americans with Disabilities Act. No question on this form is intended to secure information to be used for such discrimination.

We will give this application every consideration. However, in accepting it, the institution makes no commitment of employment to the applicant.

PERSONAL:

Please PRINT IN INK

Name _____ Social Security Number ____/____/____
Last First Middle

Address _____
Street City State Zip

Telephone (____) _____

At what telephone number can you be reached during the day? (____) _____

Position Applied For _____ Location _____

FullTime PartTime Summer Other

Salary Requirement _____ Date Available _____

How were you referred to us? _____

Do you have any friends or relatives working here? Yes No

If yes, please name and indicate relationship _____

For purposes of verifying past employment or school attended, please indicate if you have been known by a different name.

Start with your present or most recent job. List self-employment, summer and part-time jobs. Include employers located in the United States only. If you need more space, continue on a separate sheet of paper.

1	Company		Address		Telephone
Date Employed:	From	To	Starting Salary:	Leaving Salary:	Supervisor
Your Duties					
Reason for Leaving					

2	Company		Address		Telephone
Date Employed:	From	To	Starting Salary:	Leaving Salary:	Supervisor
Your Duties					
Reason for Leaving					

3	Company		Address		Telephone
Date Employed:	From	To	Starting Salary:	Leaving Salary:	Supervisor
Your Duties					
Reason for Leaving					

4	Company		Address		Telephone
Date Employed:	From	To	Starting Salary:	Leaving Salary:	Supervisor
Your Duties					
Reason for Leaving					

May we contact the above employers for reference checking purposes? _____

Please identify by number any employer you do not wish us to contact. _____

Check the following machines which you can operate:

Check the following machines which you can operate:

- Typewriter (_____ WPM)
 CRT
 Switchboard
 Other _____
 Stenotype (_____ WPM)
 Calculator
 Teller Terminal _____
 Shorthand (_____ WPM) _____
 Data Processing (*Please indicate specialty, i.e., systems analyst, programmer, tape librarian, etc.*) _____
 Word Processing (*Which systems?*) _____
 Computer Operations _____

EDUCATION:

Name	Address	Major Course/ Subject	Circle Last Year Completed	Did You Graduate	Degree
High School/Preparatory			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Work			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (<i>Describe</i>)					

If you did not graduate, why did you leave school or college? _____

Are you planning to pursue further studies? Yes _____ No _____ Day School _____ Night School _____

If so, when, where and what courses? _____

INTERESTS:

Use the space below to describe your interest in the financial industry and the skills and aptitudes that you feel qualify you for a position at this institution. (*You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting and the like.*) If you need more space, please continue on a separate sheet.

CONVICTIONS:

Have you ever been convicted of any crime involving dishonesty, breach of trust or theft? If so, please explain, *(A conviction itself does not constitute an automatic bar to employment, and will be considered only insofar as it relates to fitness to perform the job in question.)*

CERTIFICATION AND ASSENT:

I hereby certify that the statements I have made are true, and, if I am subsequently employed by you, that I may be subject to discharge if they are found to be false. I agree to a physical examination by a doctor of the Institution's choice. I also understand that employment and continued employment may be conditional upon securing and retaining a surety bond, issued by a company selected by the Institution.

I hereby acknowledge that I have read the above statement and understand the same.

Applicant's Signature _____ Institution Representative _____ Date _____

INVESTIGATIVE CONSUMER REPORT:

In connection with my application for employment, I hereby consent to this Institution procuring or causing to be procured an "Investigative Consumer Report" which will be compiled from personal interviews with my neighbors, friends, associates, or others as to my character, general reputation, personal characteristics, or mode of living. I am aware that I have a right to make a written request within a reasonable time to receive a complete and accurate disclosure of the nature and scope of the investigation.

I hereby acknowledge that I have read and understand the above agreement.

Applicant's Signature _____ Institution Representative _____ Date _____

INTERVIEWER COMMENTS: _____

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