



Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Other Phone # () _____ E-mail Address _____
Mobile/Beeper

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source (Please check the appropriate category and name the source.)

- Walk-in _____
- Employee _____
- Advertisement _____
- Company's Website _____
- Other Internet _____
- School _____
- Job Fair _____
- Staffing Agency _____
- Government Employment Agency _____
- Other _____

If necessary, best time to call you at home is: _____

May we contact you at work? Yes No
If yes, work number and best time to call
() _____

If you are under 18 and it is required,
can you furnish a work permit? Yes No
If no, please explain _____

Have you submitted an application here before? ... Yes No
If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No
If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country?
..... Yes No

Date available for work _____ / ____ / ____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the
attendance requirements of the position? N/A Yes No

Will you work overtime if required? Yes No
If no, please explain _____

Driver's license number required if driving may be required in the
job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes No

If yes, please provide date(s) and details _____

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Employment History

Starting with your most recent employer, provide the following information.

Employer ()	Telephone #	Month Year	Month Year
Street address City State		Dates employed / /	
Starting job title/final job title		Compensation (Starting)	
Immediate supervisor and title (for most recent position held)		Compensation (Final)	
Why did you leave?	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$	
What did you like most about your position?			
What were the things you liked least about the position?			
Employer ()	Telephone #	Month Year	Month Year
Street address City State		Dates employed / /	
Starting job title/final job title		Compensation (Starting)	
Immediate supervisor and title (for most recent position held)		Compensation (Final)	
Why did you leave?	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
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Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$	
What did you like most about your position?			
What were the things you liked least about the position?			

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Employment History (continued)

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

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

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.

Computer or business machines Skills (Check appropriate boxes. Include software titles and years of experience.)

- | | |
|---|--|
| <input type="checkbox"/> Word Processing _____ Years: _____ | <input type="checkbox"/> Internet _____ Years: _____ |
| <input type="checkbox"/> Spreadsheet _____ Years: _____ | <input type="checkbox"/> 10 Key _____ Years: _____ |
| <input type="checkbox"/> Presentation _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |
| <input type="checkbox"/> E-mail _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors.

If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship To you	Telephone	Number of Years known
			()	
			()	
			()	
			()	

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Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, and age, mental or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve National Guard or any other similar protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided 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 educational 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 regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not lawfully 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 only 90 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 anytime, with or without cause and with or without prior notice, and the 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.

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 understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) 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 forgoing Applicant Statement.

Signature of Applicant _____

Date ____ / ____ / ____

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FAIR CREDIT REPORTING ACT

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

As an applicant for employment or a current employee of **Farmers State Bank of Calhan**, you are a consumer with rights under the Fair Credit Reporting Act. In the event any of the following circumstances exist, **Farmers State Bank of Calhan** may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

Our *consumer reporting agency* is Mountain States Employers Council, Inc. at PO Box 539, Denver, CO 80201, toll free 800.884.1328, which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer information on consumers for the purpose of furnishing consumer reports to others, such as **Farmers State Bank of Calhan**.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

NOTE: Please send Page 1 and 2 of FCRA Disclosure & Authorization to MSEC when submitting a screening order.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents.

Farmers State Bank of Calhan ("the Company") may obtain information about you for employment purposes from the following consumer reporting agency ("the Agency"), Mountain States Employers Council, Inc., PO Box 539, Denver, CO 80201, toll free 800-884-1328.

By signing below, I hereby voluntarily authorize **Farmers State Bank of Calhan**, to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at **Farmers State Bank of Calhan**. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

I voluntarily authorize all persons, including current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, and municipal, state, and federal courts to release information they may have about me to **Farmers State Bank of Calhan**. I understand that if I am employed by **Farmers State Bank of Calhan**, this authorization shall remain in effect throughout my employment. This report may be delivered in either written or electronic form.

California applicants or employees only:

Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Massachusetts, and New Jersey applicants or employees only:

You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Minnesota applicants or employees only:

You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later. Please check the box if you would like to receive a copy of a consumer report if one is obtained by the Company.

New York applicants or employees only:

You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oklahoma applicants or employees only:

Please check this box if you would like to receive a copy of any report if one is obtained by the Company.

Pennsylvania applicants or employees only:

By signing below you acknowledge that consideration of a criminal record will be tailored to the requirements of the job.

Washington applicants or employees only:

You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

Signature

Date

Printed Name

Email Address

Social Security Number

Date of Birth

NOTE: Please send Page 1 and 2 of FCRA Disclosure & Authorization to MSEC when submitting a screening order.



Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personal decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for _____ Date ____/____/____

Referral Source

- Walk-in
- Government Employment Agency
- Private Employment Agency
- Employee
- Relative
- School
- Advertisement – Source _____
- Other _____

Name of person who referred you (If applicable) _____

Applicant Information

Name _____ Telephone # (____) _____
Last First Middle

Address _____
Street City State Zip Code

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- American Indian / Alaskan Native
- Hispanic / Latino (White race only)
- White
- Black / African American
- Native Hawaiian / Other Pacific Islander
- Hispanic / Latino (all other races)
- Asian

For Administrative Use Only

Position(s) applied for Available Not Available Other

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- Officials and Mangers
- Sales Workers
- Operatives (semi-skilled)
- Professionals
- Office and Clerical Workers
- Laborers (unskilled)
- Technicians
- Craft Workers (Skilled)
- Service Workers

Notes _____

Completed by _____ Date ____/____/____

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