

PRE-EMPLOYMENT APPLICATION

Date of Application _____ / _____ / _____

Our Company is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job-related medical condition or handicap, and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

EMPLOYMENT DESIRED

Are you seeking full-time part-time temporary or summer employment?

Position applied for _____ Salary Desired _____

Date Available to start _____

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

NAME OF SOURCE (IF APPLICABLE) _____

PERSONAL

Name _____ Home Phone (____) _____
Last First Middle AC

Present Address _____
No. Street City State Zip

Social Security No. _____

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

Will you work overtime if required? Yes No Will you travel if job requires it? Yes No

Are you on a lay-off and subject to recall? Yes No

Have you ever been bonded? Yes No

Have you been convicted of a felony in the last seven (7) years? Yes No

(Such conviction may be relevant if job related, but does not bar you from employment.)

If Yes, please explain: _____

NOTICE TO APPLICANTS
The background information supplied by an applicant for a position opening will be checked for the accuracy of the data furnished and the past performance record of the candidate.

EDUCATIONAL BACKGROUND

NAME OF SCHOOL	ADDRESS	NO. YEARS COMPLETED	DEGREE/DIPLOMA	GPA	MAJOR	MINOR
High School						
College						
Other Schools						

Do You Intend to Continue Your Education? Yes No Day Night **If Yes, Give Details**

If Presently in School, How Many Weekly Class Hours Do You Have? _____ Expected Date of Graduation _____ Degree Expected _____

High School Activities, Achievements, Honors, including Offices Held (Exclude Racial, Religious or Nationality Groups)

College Major _____ College Minor _____ Percent Expenses Earned % _____ Degree Received _____

For college applicants, please describe relevant course work, special activities and achievements which would qualify you for a position at this place of employment.

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

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

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.)

PERSONAL REFERENCES

Do NOT list relatives, former employers or employees of this bank. Include all addresses and telephone numbers (telephone directories are provided for your convenience).

Name	Employer	Telephone No.
Number and Street City State	Occupation	Length of Acquaintance
Name	Employer	Telephone No.
Number and Street City State	Occupation	Length of Acquaintance
Name	Employer	Telephone No.
Number and Street City State	Occupation	Length of Acquaintance

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR & TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

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JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR & TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

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		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

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REASON FOR LEAVING		\$	PER	
		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments (including explanation of any gaps in employment)

Check (✓) Any of the Following in Which You Have Experience or Training:

Accounting CRT Proof Machine Stenography Teller Work Keypunch SPH _____
 Computer General Office Receptionist Supervision Word Processing Equip. Typing WPM _____

List Office Skills and Business Machines You Operate

Please List Name Used If Different From That on Application in Order to Investigate Past Employment Records.

Name: _____ Dates used: From _____ To _____ Name: _____ Dates used: From _____ To _____

Have You Ever Been Discharged/Released From A Position? Yes No If Yes, Please Explain

SPECIAL INTEREST

In your handwriting, please describe your interest in working at our place of employment. Include any special activities, goals or interests that you feel are particularly pertinent.

PLEASE READ CAREFULLY APPLICANTS CERTIFICATION AND AGREEMENT		
SPECIAL NOTICE TO IDENTIFY AS HANDICAPPED, DISABLED, OR VIET NAM ERA VETERAN		
Government Contractors are subject to Section 402 of the Viet Nam Era Veterans' Readjustment Assistance Act of 1974 which requires government contractors to take affirmative action to employ and advance in employment qualified 1) handicapped individuals; 2) disabled veterans; and 3) Viet Nam Era Veterans. If you have such a handicap or are a veteran covered by this program and would like to be considered under the Affirmative Action Program, please identify below by checking the appropriate box:		
<input type="checkbox"/> Handicapped Individual	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Viet Nam Era Veteran
Submission of this information is voluntary and refusal to provide it will not adversely affect your consideration for employment.		

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only (60) 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 for me to fill out a new application.

Signature of Applicant _____ Date ____/____/____

FOR PERSONNEL DIVISION USE ONLY TO BE FILLED OUT AFTER OFFER EXTENDED				
Working Hours <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hrs./Wk.		Salary	Offer Made By	Date of Offer
Date Entered Service		Job Title		
Interviewer's Signature				
Personnel Division Approval				

First Bank of Highland Park

AUTHORIZATION TO DISCLOSE & PROCURE APPLICANT INFORMATION

In processing my application for employment, I hereby authorize First Bank of Highland Park to procure or have prepared all consumer reports and information concerning my credit capacity, including, without limitation, financial statements, credit evaluation, salary history, loan repayment history, and pending and resolved litigation. Furthermore, authorization is hereby given to First Bank of Highland Park to procure or have prepared investigative consumer reports and/or personal background checks, (which may include information regarding: civil/criminal court records, employment and academic records, property records, driving record, and social security verification). I understand that, in connection with investigative consumer reports, information may be obtained through personal interviews with my neighbors, friends, associates, or others with whom I am acquainted regarding my character, general reputation, personal characteristics, and mode of living. This information is to be used for employment purposes.

Upon my written request to First Bank of Highland Park, I will be informed of whether a consumer report, investigative consumer report, and/or background check was requested. If so, I will be informed of the name and address of the consumer reporting agency to whom the request was made and furnished the report, together with complete and accurate disclosure as to the nature and scope of the consumer report, investigative consumer report, and/or background check, respectively.

I further understand that if I am granted employment, First Bank of Highland Park and/or its affiliates may subsequently, from time to time request consumer reports, investigative consumer reports, and/or personal background checks, in connection with my employment.

I hereby forever release and hold harmless First Bank of Highland Park and its officers, agents, and employees from and against all claims, actions, and liabilities resulting from or relating to the use or disclosure of such information. This release is given provided that the use or disclosure of such information is in accordance with applicable statutory law.

NAME PRINTED

SIGNATURE

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

ADDRESS (Street, City, State, Zip.)

HOME PHONE (area code + #)

DATE SIGNED

First Bank of Highland Park

REFERENCE RELEASE

The person named below has applied for employment with First Bank of Highland Park and indicated previous employment with your organization. Please provide us with the information requested below. All of the information will be held in strict confidence. Thank you for your cooperation.

Deborah G. Elliott/Director of Human Resources

Applicant Name: _____

Social Security #: _____

I hereby authorize my former employer to release the information requested below.

Applicant's Signature: _____

(DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY)

Social Security Number _____

Dates Employed: _____ To _____

Position Held: _____ Earnings: _____

Reason for Termination: _____

Would you Rehire? Y N Why: _____

Quality of Work: _____ Initiative: _____

Relations W/Others: _____ Attendance: _____

Additional Comments: _____

First Bank of Highland Park

APPLICANT DATA RECORD

Qualified candidates are considered for all positions, and employees are treated during employment without any regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability

To help us comply with government record keeping, reporting, and other legal requirements, please fill out the Data Record. This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

(PLEASE PRINT)

Date: _____ Position(s) applied for: _____

Name: _____
Last First Middle

Address: _____
Number/Street City State & Zip

Referral Source: Advertisement _____ Relative _____ Friend _____
Employment Agency _____ Other _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status on applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check One: Male _____ Female _____

Check One: White _____ Black _____ Hispanic _____

American Indian/Alaskan _____ Asian/Pacific Islander _____

Multiracial _____ Other _____

Check if any of the following are applicable:

Vietnam Era Veteran _____ Disabled Veteran _____

Disabled Individual _____