

Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Applicant ID # _____
Last First Middle
Address _____
Street City State ZIP Code
Telephone # () Cellular/Other Phone # () E-mail Address _____
Position(s) applied for _____ Date of application ____/____/____
Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____ : _____ AM
PM
 Home Cellular/Other

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

If you are under 18 and it is required,
can you furnish a work permit?..... N/A 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 ____/____/____

Is this application a request for reemployment following an extended
military leave of absence from this company?..... Yes No
If yes, additional information may be requested.

Are you lawfully authorized to work
in the United States?..... 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: _____

Are you able to perform the "essential functions" of the job for which
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the
job's "essential functions" to respond

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

Have you entered into an agreement with any former employer or
other party (such as a noncompetition agreement) that might, in any
way, restrict your ability to work for our company?..... Yes No

If yes, please explain: _____

NOTE TO RHODE ISLAND APPLICANTS: This company is subject to the state's workers' compensation laws (Chapter 29-38) unless otherwise noted below (employer to list applicable exemptions):

Employment History

Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis.

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

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

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

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, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

- Word Processing _____ Level: _____ Internet _____ Level: _____
- Spreadsheet _____ Level: _____ Other _____ Level: _____
- Presentation _____ Level: _____ Other _____ Level: _____
- E-mail _____ Level: _____ Other _____ Level: _____

Educational Background

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

School (include City and State)	# of 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 names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Related Information

When answering these questions, please exclude any information that would reveal sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or other similarly protected status.

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

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

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, resumé, 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 unlawfully 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 60 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 any time, 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 reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

Mandatory Employer Disclosures

Notice to Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. **Notice to Massachusetts applicants:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. **Notice to Rhode Island applicants:** This company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment. **Notice to North Dakota applicants:** This company complies with North Dakota law prohibiting smoking within 20 feet of entrance and inside places of employment. **Notice to Indiana applicants:** This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment.

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 (i) eliminate me from further consideration for employment, or (ii) 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 foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



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This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



Background Check Release Form

I, _____ (print your name *LEGIBLY*) am aware that the **grant county bank** has requested *DataCheck* to perform a background check in connection with my application for employment with this company. Any information obtained as a result of such an investigation is confidential and will be provided only to the **grant county bank**. I have voluntarily provided the information listed. I am fully aware of the purpose for this background check, and therefore request that people, companies, references, current or former employers, schools, government agencies, and others contacted provide applicable information to *DataCheck*. *DataCheck* is a professional pre-employment background investigation firm performing background checks as its normal course of business. *DataCheck* may make an investigative report in which information is obtained through business associates, financial sources, credit reporting agencies, criminal courts, educational institutions, law enforcement agencies, or other third parties with whom I may be acquainted. I hereby release personal information about me for the purpose of this investigation.

I have the right to request additional disclosures regarding the nature and scope of this investigation

PLEASE PRINT LEGIBLY:

Are you currently employed? _____

If currently employed, may we contact your employer to verify your employment? _____

Please print your full name _____

Home Address, City, St, Zip: _____

Maiden Last Name (If Applicable) _____

Have you used your maiden name within the last 10 years? _____

Other legal names you have been known by: _____

Social Security Number: _____

Date of Birth (Month/Day/Year): _____

Your Driver's License Number: _____

State of Issue: _____

Your Name as shown on your driver's license: _____

A daytime phone number, including area code, where we can reach you should we have any questions: _____

Please list all counties you have lived in within the last 10 years:

_____ County	_____ State	_____ County	_____ State	_____ County	_____ State
_____ County	_____ State	_____ County	_____ State	_____ County	_____ State

Your signature

Date

CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

As part of our hiring process, the grant county bank may request Consumer Reports and/or Investigative Consumer Reports on you from an Investigative Reporting Consumer Reporting Agency solely for your potential/current and or continued employment with this company. The nature and scope of this investigation may include but is not limited to your employment history, education, credit history, criminal history, character, general reputation, personal characteristics and mode of living and may involve a review of criminal records and records of the Department of Motor Vehicles. the grant county bank may obtain one or more consumer reports on you, from one or more consumer reporting agencies, for the purpose of evaluating you for employment, and, if the undersigned is already employed by this company, for purposes of promotion, reassignment, or retention as an employee.

The name of the Investigative Consumer Reporting Agency conducting this consumer report/investigative consumer report is: DataCheck, Inc., 63 Via Pico Plaza PMB #247, San Clemente, CA 92672, PH: 800-253-3394. Their website address is: www.datacheckinc.com. You may find DataCheck's privacy practices, including whether your personal information will be sent outside of the United States or its territories, and information that complies with California Civil Code subsection 1786.20, on their website under Privacy Policies.

You are being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. section 181 (g & c). You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights.

For California Residents: Summary of Section 1786.22 (California Civil Code): You are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification. An investigative consumer reporting agency shall supply files and information during normal business hours and on reasonable notice. Files maintained on a consumer shall be made for the consumer's inspection as follows: In person, by certified mail, by telephone (with proper identification for disclosure). The consumer reporting agency shall provide trained personnel to explain to the consumer and information furnished him and written explanation of any coded information. The consumer shall be permitted to be accompanied by one other person of his or her choosing. By signing below you also acknowledge receipt of this notice regarding background investigations pursuant to California Law.

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the grant county bank.

New York applicants or employees only: You have the right to inspect and receive a free copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

Minnesota and Oklahoma applicants or employees only:

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the grant county bank.

AUTHORIZATION:

I have read and understand the foregoing and hereby authorize this company to obtain one or more consumer reports on me for the purposes described above. I understand that this authorization covers (1) consumer reports obtained in connection with my application for employment and (2) if I am hired or if I am an existing employee, additional consumer reports may be obtained during my tenure. I authorize that a copy of this authorization may be considered as valid as an original.

Please Print your Name

Today's Date

Your Signature

Last 4 Digits of your Social Security Number

A Summary of your Rights under the Fair Credit Reporting Act

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report
- you are the victim of identity theft and place a fraud alert in your file
- your file contains inaccurate information as a result of fraud
- you are on public assistance
- you are unemployed but expect to apply for employment within 60 days

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

1. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates

Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
1-877-382-4357

2. To the extent not included in item 1 above

National Banks, federal savings associations, and federal branches and federal agencies of foreign banks.

Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

State member banks, branches, and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.

Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations.

FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

Federal Credit Unions.

National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street, Alexandria, VA 22314

3. Air carriers

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue S.E., Washington, DC 20590

4. Creditors Subject to Surface Transportation Board

Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E. Street S.W., Washington, DC 20423

5. Creditors Subject to Packers and Stockyards Act, 1921

Nearest Packers and Stockyards Administration area supervisor

6. Small Business Investment Companies

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

7. Brokers and Dealers

Securities and Exchange Commission
100 F St NE Washington, DC 20549

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

9. Retailers, Finance Companies, and All Other Creditors not listed above.

FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
(877) 382-4357

Summary of Your Rights Under California Civil Code 1786.22

For California residents and applicants only:

An investigative consumer reporting agency ("Agency") will supply files and information that you have a right to inspect during normal business hours and on reasonable notice. All files that this agency maintains on you will be made available for your visible inspection, as follows:

- In person, if you appear in person and furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual costs of copying.
- By certified mail, if you make a written request to, with proper identification, for copies to be sent to a specified address. However, agencies complying with a request for such a mailing will not be liable for disclosures to third parties caused by mishandling of mail after it leaves the Agency.
- A summary of all information contained in your file and required to be provided to you under the California Civil code will be provided by telephone, if you have made a written request, with proper identification.

"Proper identification" includes documents such as a valid driver's license, social security account number, military identification card and credit cards. Only if you cannot identify yourself with such information may the Agency require additional information concerning your employment and personal or family history in order to verify his identity.

The Agency will provide trained personnel to explain any information furnished to you pursuant to Civil Code 1786.10.

The Agency will provide a written explanation of any coded information contained in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choice when you come to inspect your file. This person must furnish reasonable identification. The Agency may require you to furnish a written statement granting permission to the Agency to discuss your file in your companion's presence.

Resumen De SUS Derechos Bajo El Código Civil De California Sección 1786.22

Usted tiene derecho de inspeccionar todos los archivos que se relacionan con usted y que mantiene, en el momento en que usted lo solicita, cualquier agencia de servicios de información sobre el consumidor ("Agencia"). Usted puede inspeccionar todos los datos diferentes a aquellas que son de conocimiento publico o que provienen de bases de datos disponibles para la venta, si esa información se ha obtenido únicamente para su uso en la preparación de informes investigativos sobre consumidores y no tiene ningún otro fin. La Agencia tiene que poner a su disposición estos archivos durante las horas normales de trabajo y en base a una notificación hecha a su debido tiempo.

Todos los archivos deben ponerse a su disposición para una inspección visual ya sea:

- En persona, si usted se presenta y lo hace con la identificación apropiada. Se pueden poner a su disposición copias del archivo con un cargo que no exceda el costo de dichas copias.
- Por correo certificado si usted presenta una solicitud por escrito acompañada de la identificación apropiada, pidiendo que se le envíen las copias y especificando la dirección para su envío. Sin embargo, la agencia que atiende la solicitud no es responsable de la revelación de la información a terceras personas resultantes de mal manejo en el correo una vez que las copias han salido de la Agencia.
- "Identificación apropiada" incluye documentos tales como licencia valida de manejar, numero del Seguro Social, tarjeta militar de identificación y tarjetas de crédito. Si usted no puede identificarse por medio de esta información entonces la Agencia puede requerir información adicional referente a su trabajo o datos personales o de familia a fin de verificar su identidad.

La Agencia cuenta con personal entrenado para explicar cualquier información que se le entregue.

La Agencia proveerá una explicación escrita sobre cualquier información en clave contenida en el archivo. Esta explicación escrita esta siempre disponible cuando se facilita cualquier archivo para su inspección visual.