

# APPLICATION FOR EMPLOYMENT

**We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, marital or veteran status, or any other legally protected status.**

(PLEASE PRINT)

<b>Positions(s) Applied For</b>	<b>Date of Application</b>
<b>How did you learn about us?</b>	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address</b>	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
<b>Telephone Numbers</b>	<b>Social Security Number</b>	

Best time to contact you at home is: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  
 YES     NO

Have you ever filed an application with us before?     YES     NO    If YES, give date \_\_\_\_\_

Have you ever been employed with us before?     YES     NO    If YES, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?     YES     NO

Are you currently employed?     YES     NO    May we contact your current employer?     YES     NO

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?  
*(Proof of citizenship or immigration status will be required upon employment)*     YES     NO

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_    What is your desired salary range? \_\_\_\_\_

Are you available to work:     Full-Time    (please indicate 1 2 3 shift)  
 Part-Time    (please indicate Mornings Afternoon Evenings)  
 Temporary    (please indicate dates available \_\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?     YES     NO

Can you travel if job requires it?     YES     NO

FOR POST HIRE USE ONLY

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, sexual orientation, gender identity, national origin, disabilities or other protected status.

These are the only employers that I have had in the last 7 years:

		Signature		Date
1. Employer	Dates Employed		Work Performed	
	From	To		
Address				
Contact Number(s)				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Reason for Leaving				
2. Employer	Dates Employed		Work Performed	
	From	To		
Address				
Contact Number(s)				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Reason for Leaving				
3. Employer	Dates Employed		Work Performed	
	From	To		
Address				
Contact Number(s)				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Reason for Leaving				
4. Employer	Dates Employed		Work Performed	
	From	To		
Address				
Contact Number(s)				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal race, religion, sex, sexual orientation, gender identity, national origin, age ancestry, disability or other protected status:


# ADDITIONAL INFORMATION

## OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

## SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

\_\_\_ Terminal  
\_\_\_ PC/MAC

\_\_\_ Spreadsheet  
\_\_\_ Word Processing

Production/Mobile  
Machinery (list)

Other (list)

_____	_____
_____	_____

*State any additional information you feel may be helpful to us in considering your application.*


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES  NO

## REFERENCES

(DO NOT LIST RELATIVES OR FORMER/CURRENT EMPLOYEES.)

1. Name

Phone

Address

2. Name

Phone

Address

3. Name

Phone

Address

# **APPLICANT'S STATEMENT**

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**I certify that answers given herein are true and complete to the best of my knowledge.**

**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.**

**I authorize investigation of my employment history and to check my credit.**

**I understand that my employment is subject to the successful completion of a pre-employment drug screening test. The cost of the test will be paid by the Bank.**

**Also, if employed, I understand that from time to time the Bank may require me to submit to a drug screening test. The cost of the test will be paid by the Bank.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Bank.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

# HUMAN RESOURCE DEPARTMENT USE ONLY

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Schedule Interview:  YES  NO

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Hired:  YES  NO

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

# AFFIRMATIVE ACTION DATA RECORD

Employees are treated during the hiring process and employment without regard to race, color, sex, sexual orientation, gender identity, religion, creed, national origin, age, disability, marital or veteran status, or any other legally protected status.

As an employee with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

(PLEASE PRINT)

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Address</b>	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Telephone Number(s)</b>				<b>Social Security Number</b>	

## REFERRAL SOURCE

Advertisement  
  Employee  
  Relative  
  Friend  
  Other \_\_\_\_\_  
 Private Employment Agency  
  Government Employment Agency

## COMPLETE ONLY SECTIONS THAT HAVE BEEN CHECKED

Current Job:
Birthdate:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Origin: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____ <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander
Check If Any Of The Following Are Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual

---Office Use Only---

Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	____ / ____ / ____
Position(s) Considered For:	_____		
HIRED - Position:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	____ / ____ / ____

## EMPLOYMENT ANALYSIS REGISTER

Gender:	_____
Race:	_____
Disability:	_____
Other:	_____
Referral Source:	_____
EEO1 Category:	_____
Disposition:	_____

_____	_____
Signature of Applicant	Date

FOR POST HIRE USE ONLY

# **AUTHORIZATION TO OBTAIN CREDIT REPORT INFORMATION FROM AN OUTSIDE SOURCE**

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**By signing this document, I authorize The First National Bank and Trust Company of Broken Arrow to obtain information regarding my credit history from any outside source that regularly provides such information. I understand that information from such a report may be used by The First National Bank and Trust Company of Broken Arrow in making a decision regarding my employment.**

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Signature of Applicant

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Date