



FIRST STATE INSURANCE AGENCY

SOUTHWEST

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Position Applied For		Date:
Name: (Last, First, Middle Initial)		Cell Phone:
Address:		City, State, Zip:
Are you 18 years or older? Yes No	If not can you submit a work permit? Yes No	Email:
Status or disposition of applicant (For Bank's Use Only)		

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, creed, religion, sexual orientation, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

APPLICATION FOR EMPLOYMENT

DESIRED EMPLOYMENT

What Position Or Type Of Work Are You Seeking?	If Hired, When Will You Be Available To Start?	Salary Desired
Are You Employed Now?	If So May We Inquire of Your Present Employer? Yes No	
Ever Applied To This Company Before?	Where?	When?
Ever Worked For This Company Before?	Where?	When?
Are You Interested In: Full-Time Part-Time	What Days and Hours are you willing to work?	Can you work overtime if required?
Who Referred You To This Company?		
Employment Agency	Newspaper Advertising	Friend
State Employment Office	College Placement Service	Social Media Other

EDUCATION

School Level	Name and Address of School	Course of Study	Diploma Degree
High School			
College			
Trade, Business or Correspondence School			

GENERAL

Describe any job related specialized training, apprenticeship, skills and extra-curricular activities: <i>(Please do not include any information that would reveal a protected class status)</i>
List any job-related professional or technical organizations to which you belong: <i>(Please do not include any information that would reveal a protected class status)</i>

FORMER EMPLOYERS *List Last Three Employers, Starting With The Most Recent One First.*

Name of Present or Last Employer		
Address	City	State Zip
Starting Date	Leaving Date	Job Title
Starting Salary	Final Salary	May We Contact Your Supervisor Yes No
Name of Supervisor	Title	Phone
Description of Work		
Reason For Leaving		

Name of Previous Employer		
Address	City	State Zip
Starting Date	Leaving Date	Job Title
Starting Salary	Final Salary	May We Contact Your Supervisor Yes No
Name of Supervisor	Title	Phone
Description of Work		
Reason For Leaving		

Name of Previous Employer		
Address	City	State Zip
Starting Date	Leaving Date	Job Title
Starting Salary	Final Salary	May We Contact Your Supervisor Yes No
Name of Supervisor	Title	Phone
Description of Work		
Reason For Leaving		

SPECIALIZED SKILLS *Circle Programs Used*

- Word	- Outlook	- Publisher
- Excel	- Access	- Web Equity
- PowerPoint	- FinPack	

REFERENCES

Name	Address	Business & Phone	Years Acquainted
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Can you, if employed submit verification of your legal right to work in the United States?	Yes	No
Can you meet the job requirements of the position for which you applied with or without an accommodation?	Yes	No
Can you meet the work schedule or attendance requirements of the job?	Yes	No

APPLICANT'S STATEMENT

"I certify that the facts contained in this application and any accompanying resume are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application or resume may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that the company shall not be liable in any respect if my employment is so denied or terminated.

I authorize investigation and verification of all statements contained herein and the references and former employers and employees to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise to include credit history, education, employment verification, personal references and criminal records. I release the company from all liability for any damage that may result from receiving and/or using such information.

I hereby understand and acknowledge that, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause or notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that this application and any employee manuals or handbooks that may be distributed to me shall not be construed or relied upon as a contract.

Signature of Applicant

Date

CONSUMER REPORT NOTIFICATION & AUTHORIZATION

I understand that in processing my application consumer reports may be obtained from consumer reporting agencies such as law enforcement or other government agencies solely for employment purposes. Consumer reports may include but are not limited to reports containing information on credit history, employment history, motor vehicle records, criminal background, and personal references. It is my right under the "Fair Credit Reporting Act (FCRA)" to request additional information on the nature of the consumer report.

I agree that any decision to hire me is contingent upon the results of my consumer report. First State Bank Southwest will provide me with a copy of the consumer report and a summary of my rights under the "Fair Credit Reporting Act" before taking any adverse action based, in whole or in part, on information contained in the consumer report.

By this document, First State Bank Southwest has disclosed to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

I hereby provide First State Bank Southwest with written authorization to obtain a consumer report as part of the pre-employment background investigation. If hired, this authorization will remain on file and will serve as an ongoing authorization for First State Bank Southwest to obtain consumer reports at any time during my employment period.

Full Name: _____ **Signature:** _____

Date Signed: _____

Please check if you would like to receive a copy of the consumer report. _____