

Employment Application

PERSONAL INFORMATION

Job Applied For	Date	
Name (Last Name First)		
Address	State	Zip
Are you 18 Years or Older? If no, can you submit a work permit?	Phone	<u> </u>
Status or disposition of application (For Office Use Only)		

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, 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 P	resent Employer? 🗌 Yes
Ever Applied To This Company Before?	Where?	When?
Ever Worked For This Company Before?	Where?	When?
Are You Interested In:	What Days and Hours are you	Can you work overtime if
Full-Time Part-Time Temporary	willing to work?	required?
Who Referred you To This Company?		
Employment Agency Newspaper Adverti	sing 🗌 Friends	
Walk In Other		

EDUCATION

School Level	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Trade. Business or Correspondence School				

GENERAL

Describe any job related specialized training, apprenticeship, skills and extra-curricular activities: (*Please do not include any information that would reveal a protected class status*)

List any job-related professional or technical organizations to which you belong: (*Please do not include any information that would reveal a protected class status*)

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

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

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 Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May We Contact	Your Supervisor
Name of Supervisor	Title	Phone	
Description of Work			
Reason for Leaving			

SPECIALIZED SKILLS Check Skills/Equipment Operated

U Word	Microsoft Outlook	Other
Excel	Desktop Publishing	
Powerpoint	☐ 10-Key	

REFERENCES

Name	Address	Business & Phone	Years Acquainted
			Trequantea

Have you been convicted of a felony or (within the last five years) a misdemeanor which resulted in
imprisonment? Note: The existence of a criminal record does not create an automatic bar to employment.
No Yes-Explain:
Can you meet the job requirements of the position for which you applied with or without an accommodation?
Yes No-Explain:
Can you meet the work schedule or attendance requirements for the job?
Yes No-Explain:
Can you, if employed, submit verification of your legal right to work in the United States?
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 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

BACKGROUND INVESTIGATION AUTHORIZATION FORM (PLEASE READ CAREFULLY BEFORE SIGNING)

The amended Fair Credit Reporting Act (1997) requires that we inform you that a background investigation may be conducted as part of our employment screening and selection process. This may include an inquiry to obtain information regarding your character, general reputation, personal characteristics and mode of living. The main objective of the investigation is to verify information you provided on your application or during the interview process. Upon your written request within a reasonable period of time, additional information as to the nature and scope of the report, if one is made, will be provided. In addition, if a report is made, you have the right to request details of the report from the consumer-reporting agency.

The items requested below are needed to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

If currently employed: My current employer may be contacted \Box Yes \Box No

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless <u>Drake</u> <u>Bank</u>, and its agent Verified Credentials, Inc., from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" and state law to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials, Inc., 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934.

(MN/CA/OK Residents Only): Do you wish to receive a copy of your consumer report? \Box Yes \Box No

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name

Legal Middle Name

Street Address

City

State

Legal First Name

Zip Code