



APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR DISABILITY. EQUAL ACCESS TO PROGRAMS, SERVICE AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY HUMAN RESOURCES.

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED. APPLICATIONS WILL BE CONSIDERED FOR VACANCIES WHICH ARISE DURING THE 60 DAY PERIOD FOLLOWING SUBMISSION. APPLICANTS SHOULD COMPLETE AN UPDATED APPLICATION IF NOT CONTACTED AND/OR HIRED DURING THIS 60 DAY EVALUATION PERIOD.

PLEASE COMPLETE THIS FORM CAREFULLY IN YOUR OWN HANDWRITING. REPLIES TO ALL QUESTIONS WILL BE HELD IN STRICTEST CONFIDENCE. IF YOUR ANSWERS OR STATEMENTS REQUIRE ADDITIONAL SPACE, OBTAIN SUPPLEMENTAL SHEETS FROM THE RECEPTIONIST.

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED IN FULL. PLEASE INDICATE THE SPECIFIC JOB TITLE FOR WHICH YOU ARE INTERESTED IN BEING CONSIDERED. INDIVIDUALS WHO EXPRESS AN INTEREST IN "ANY" POSITION, OR A GENERIC TITLE WILL NOT BE CONSIDERED FOR EMPLOYMENT.

POSITION SOUGHT: _____ DATE: _____

Last Name	First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Title Preferred (Optional)			
Name Most Often Called (Nickname)			Phone		Social Security Number	
NOTE: New employees will be required to substantiate residency status in compliance with the Immigration Reform and Control Act of 1986.						
Present Address: Street		City	State	Zip	From	To
Prior Address: Street		City	State	Zip		
Prior Address: Street		City	State	Zip		
Position Desired? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		How soon could you report to work? Could you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			Salary expected: \$ _____ per _____	
Have you ever worked for the Bank or any Bank now part of the Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, where and when:						

Are you related to any employee of the Bank Yes No

If yes, give that employee's name, your relationship and their department:

During the past 7 years, have you ever been convicted of, or plead guilty or nolo contendere to any crime? Yes No

If so, state date, court, and place where offense occurred:

Any criminal offense will not necessarily disqualify you from employment, but each offense will be evaluated based upon its nature, when the activity occurred and the type of position sought with the Bank.

SHOW PRESENT AND PAST EMPLOYMENT, INCLUDING PART-TIME EMPLOYMENT:

Dates Month/ Year	Employment	Salary Start/Final	Type of Business	Position/ Supervisor	Reason for Leaving
				Telephone Number	
From	Co. Name	\$ _____			
To	Address	Per _____			
		To \$ _____			
		Per _____			
From	Co. Name	\$ _____			
To	Address	Per _____			
		To \$ _____			
		Per _____			
From	Co. Name	\$ _____			
To	Address	Per _____			
		To \$ _____			
		Per _____			
From	Co. Name	\$ _____			
To	Address	Per _____			
		To \$ _____			
		Per _____			

EXPLAIN ALL UNEMPLOYMENT INTERVALS EXCEEDING FOUR WEEKS

From	State your activities during this period	Can someone verify your activities during this period? Please list name and current telephone number.
To		
		<input type="checkbox"/> Yes <input type="checkbox"/> No Name: Telephone Number:

Have you ever been discharged or requested to resign from a position? Yes No
 If "yes," explain:

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make a change?

GIVE PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	YEARS KNOWN

Have you ever served in the U.S. Armed Services? Yes No

If so, what branch or branches?

Rank at time of discharge

LIST ALL SCHOOLING

NAME AND LOCATION	Circle last year completed	Graduated	Diploma or Degree	Major & Minor Studies	Grade Averages
HIGH SCHOOL	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No			
COLLEGE	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
GRADUATE	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER (Extension, night, business)		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Do you plan to continue your education? Yes No

If so, do you have outstanding at present any applications for admission to any school? Yes No

If yes, where?

WHAT FOREIGN LANGUAGES DO YOU SPEAK, READ OR WRITE?

Check the appropriate space below to show experience or training in the skills or equipment named. Name and briefly describe courses taken in school, present or past positions, or other experience that will especially fit you for this position.

- Bookkeeping Typing (Speed) _____ wpm Computer Systems/Software - List: _____
 Accounting Shorthand (Speed) _____ wpm _____
 Adding Machine Tabulating Equipment Dictating Equipment
 Other: _____

Please summarize special skills, qualifications or experience, which make you suitable for the position you seek.

APPLICANT'S STATEMENT

- A. In consideration for the Bank's review of this application, I authorize investigation of all statements contained in this application. My cooperation includes authorizing the Bank to conduct a pre-employment drug screen and, when requested by the Bank, a criminal or credit history investigation. Additionally, I authorize the Bank, in consideration for the Bank's review of this application, to supply my employment record, in whole or in part, and in confidence, to any government agency, or other party, with a legal or proper interest.
- B. As a candidate for employment, I realize that the Bank requires information concerning my past work performance, background, and qualifications. Much of this information may only be supplied by my prior employers. In consideration for the Bank evaluating my application, I request that the previous employers referenced above provide information to the Bank's human resource representatives concerning my work performance, my employment relationship, my qualifications, and my conduct while an employee of their organizations. Recognizing that this information is necessary for the Bank to consider me for employment, I release these prior employers and waive any claims which I may have against those employers for providing this information.
- C. I understand and agree that my employment, if hired, is for no definite period and may be terminated at my option or the option of the Bank at any time without any previous notice.
- D. In the event of my employment, I will comply with all rules and regulations as set forth in the Bank's policy manual or other communications distributed to employees.
- E. I understand that employment will be denied to any applicant whose drug screening test reveals the presence of illegal drugs in excess of established levels and/or the presence of prescription drugs unless the applicant has a current prescription and a valid medical reason for the use of such drugs.
- F. I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts is cause for disqualification from further consideration for hire or for dismissal.
- G. I hereby acknowledge that I have read the above statement and understand the same.

Application Date: _____ Applicant's Signature: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

BACKGROUND INFORMATION AUTHORIZATION AND DISCLOSURE

I understand and acknowledge that the Bank may require criminal history and/or other background information to verify my application/resume and to evaluate my continued suitability for employment. In addition to other sources, the Bank may request some or all of this information from a Consumer Reporting Agency.

By my signature below, I give written authorization to the Bank to obtain this consumer report.

Employee Name (Print or Type)	Date
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Employee Signature	Social Security Number (for identification purposes only)
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Employee Date of Birth (for identification purposes only)

Residences for the past five years (for identification purposes only):

Address	City	State	Zip Code	Dates
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Address	City	State	Zip Code	Dates
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Address	City	State	Zip Code	Dates
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Address	City	State	Zip Code	Dates
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Address	City	State	Zip Code	Dates
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A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §§1681-1681u, is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING
PLEASE CONTACT

CRAs, creditors and others not listed below
Federal Trade Commission
Consumer Response Center- FCRA
Washington, DC 20580 * 202-326-3761

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)
Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 * 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)
Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 * 202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)
Office of Thrift Supervision
Consumer Programs
Washington D.C. 20552* 800- 842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)
National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 * 703-518-6360

State-chartered banks that are not members of the Federal Reserve System
Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 * 800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission
Department of Transportation
Office of Financial Management
Washington, DC 20590 * 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921
Department of Agriculture
Office of Deputy Administrator-GIPSA
Washington, DC 20250 * 202-720-7051