

Veteran of U.S. Military Service:..... YES NO

If yes, branch: _____

EDUCATION

SCHOOL	NAME AND LOCATION (City, State)	NO. YEARS COMPLETED (Circle)	GRADUATED YES / NO	DATE GRADUATED MO / YR	GPA / CLASS RANK	MAJOR FIELD OF STUDY OR "MAJOR"
High School	_____	9 10	<input type="checkbox"/> YES			<input type="checkbox"/> College Preparatory <input type="checkbox"/> General Studies <input type="checkbox"/> COE/DE Program
	_____	11 12	<input type="checkbox"/> NO			
College or University	_____	1 2	<input type="checkbox"/> YES			
	_____	3 4	<input type="checkbox"/> NO			
Graduate School	_____	1 2	<input type="checkbox"/> YES			
	_____	3 4	<input type="checkbox"/> NO			
Business, Vo-Tech, Other	_____	1 2	<input type="checkbox"/> YES			
	_____	1 2	<input type="checkbox"/> NO			

List Academic Awards, Scholarships, or Professional Certifications.
(omit any which might indicate race, religion, sex, color, ancestry, age or national origin)

List any Foreign Language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

REFERENCES

List name, address, and telephone number of three business/work references that are not related to you and not previous supervisors.
If not applicable, list three school or personal references that are not related to you.

NAME	ADDRESS	CITY, STATE	ZIP	TELEPHONE	YEARS KNOWN

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the employment and history comments section on this page.

Employer	Telephone ()	Nature or Type of Business
Address	City, State Zip	Dates of Employment (mm/dd/yyyy) From: To:
Job Title	Salary History Start \$ _____ Final \$ _____ Per <input type="checkbox"/> Hour, <input type="checkbox"/> Month, <input type="checkbox"/> Year Per <input type="checkbox"/> Hour, <input type="checkbox"/> Month, <input type="checkbox"/> Year	
Describe your duties	Immediate Supervisor and Title	
	Reason for Leaving	
	May we contact for references? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	
Employer	Telephone ()	Nature or Type of Business
Address	City, State Zip	Dates of Employment (mm/dd/yyyy) From: To:
Job Title	Salary History Start \$ _____ Final \$ _____ Per <input type="checkbox"/> Hour, <input type="checkbox"/> Month, <input type="checkbox"/> Year Per <input type="checkbox"/> Hour, <input type="checkbox"/> Month, <input type="checkbox"/> Year	
Describe your duties	Immediate Supervisor and Title	
	Reason for Leaving	
	May we contact for references? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	
Employer	Telephone ()	Nature or Type of Business
Address	City, State Zip	Dates of Employment (mm/dd/yyyy) From: To:
Job Title	Salary History Start \$ _____ Final \$ _____ Per <input type="checkbox"/> Hour, <input type="checkbox"/> Month, <input type="checkbox"/> Year Per <input type="checkbox"/> Hour, <input type="checkbox"/> Month, <input type="checkbox"/> Year	
Describe your duties	Immediate Supervisor and Title	
	Reason for Leaving	
	May we contact for references? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	
Employer	Telephone ()	Nature or Type of Business
Address	City, State Zip	Dates of Employment (mm/dd/yyyy) From: To:
Job Title	Salary History Start \$ _____ Final \$ _____ Per <input type="checkbox"/> Hour, <input type="checkbox"/> Month, <input type="checkbox"/> Year Per <input type="checkbox"/> Hour, <input type="checkbox"/> Month, <input type="checkbox"/> Year	
Describe your duties	Immediate Supervisor and Title	
	Reason for Leaving	
	May we contact for references? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	

Employment history comments section:

SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

- | | | | | | |
|-------------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|
| Personal Computer | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Microsoft Word/WordPerfect | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Microsoft Windows | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Microsoft Excel | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Personal Computer | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Lotus 1-2-3 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Microsoft Windows | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Estimate typing speed_____ wpm | | |

Others Please List _____

Please state briefly why you feel you are qualified to work in the position you have applied for: _____

First American Bank and Trust is committed to a policy of nondiscrimination in its employment and personnel practices. Accordingly, First American does not discriminate because of one’s race, sex, color, religion, national origin, age, handicapped status or status as a Vietnam era veteran. It is further the policy of First American to take affirmative action in the employment of minorities, Vietnam era veterans and handicapped individuals.

I certify that the information provided by me on this application is true and correct to the best of my knowledge. If it is determined that any false statements, omissions, or misrepresentations have in fact been made, I acknowledge and understand this will constitute sufficient cause for rejection of this application and/or discharge from the bank’s service if I have been employed.

I agree, upon an offer of employment, to have a medical examination made by a physician designated by the Bank. I understand that the bank may initially, or from time to time, require me to take a drug test, and that refusal to take the test will constitute grounds for immediate dismissal if employed, or non-consideration of the application if not employed.

In conjunction with the pre-employment process, I acknowledge and understand that the Bank may run a police check to determine if I have ever been convicted of a crime. I also acknowledge and understand that the bank will run a Credit Bureau to determine the status of my personal financial affairs and grant permission to the bank to do so. Furthermore, I understand that if employed, the bank may, from time to time, run current Credit Bureaus to determine the current state of my personal financial affairs and grant permission to the bank to do so at its discretion.

I authorize and request all educational institutions, employers, financial institutions, branches of the Armed Forces and others with which I have been associated to furnish the bank a complete history of my record as compiled by them including, but not limited to, my character, habits, ability and cause of separations. I hereby release all such entities from any liability for the furnishing of such information.

I acknowledge and understand that no bank representative has authority to enter into an agreement with me for employment for any specified period of time.

If employed, I agree to conform to and abide by the rules and regulations of the bank, whether now in effect or hereafter instituted. I further understand that my employment and compensation may be terminated, with or without cause, and without notice, at any time either by the bank or myself.

I further agree that the bank shall have the right, if and when my employment terminates, to furnish to others information concerning my employment record with the bank, including information contained on this application.

This application is valid for a period of 90 days from the date signed and shall not be considered thereafter unless renewed in person.

Signature: _____ **Date:** _____

- REFERRAL SOURCE:** ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY
 WALK-IN PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

To be given to all applicants

Completion of this form is strictly voluntary and is confidential.

First American Bank and Trust provides equal employment opportunity to all qualified applicants and employees by prohibiting discrimination against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, marital status, national origin, age, veteran status or disability.

This information will be used solely to assist us in complying with Federal and State Equal Employment Opportunity and Affirmative Action record keeping requirements. Refusal to provide this information will not adversely affect you.

PLEASE NOTE: This form is **NOT** a part of your official application for employment. This information will be recorded and maintained in a confidential file, separate from all other records.

Applicant Information:

Name: _____ SSN: _____

Male Female

More specific ethnicity information is required for filing EEO-1 reports. Please check the appropriate Equal Opportunity Identification Group. You should only check one of the following ethnicity or race categories:

Ethnicity:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Race:

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

If you would like to identify as two or more races, please check Two or More Races below, in addition to your one selection above.

Two or More Races (Not Hispanic or Latino) Comments: _____

I choose not to disclose