



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

PERSONAL INFORMATION

Name: (Last) (First) (M.I.)

Social Security Number:

Date:

Address: (Street Address/ P.O. Box) (City) (State) (Zip Code)

E-mail Address:

Daytime Phone #:

Evening Phone #:

In case of emergency notify: Phone Number:

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes No

Have you ever been convicted of a crime other than minor traffic offense? (A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.) Yes No

If yes, please provide details (dates and location for all convictions)

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start:

Hourly Rate/Salary desired:

Position desired:

Have you ever applied at County First Bank? Yes No If yes, where? When?

Have you ever worked for County First Bank? Yes No If yes, where? When?

Are you currently employed?

If so may we inquire of your present employer?

REFERRAL SOURCE

How did you hear about us?

Walk In Advertisement What Source? Referral By Whom? Other

Do you know anyone who works for our company? Yes No

If yes, who?

EDUCATION

	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

SERVICE RECORD

Branch of Service: _____
 Discharge Date: _____ Rank: _____
 Present membership in Armed Guards or Reserves: _____
 Date Obligation Ends: _____

EMPLOYMENT HISTORY

Include your last three (3) employers, starting with the most recent and working backwards in time.

From:	To:	Employer:	Telephone: ()
Job Title:		Address:	
Immediate supervisor and title:		Summarize the nature of work performed and job responsibilities:	
Hourly Rate/Salary:		Reason for leaving:	
From:	To:	Employer:	Telephone: ()
Job Title:		Address:	
Immediate supervisor and title:		Summarize the nature of work performed and job responsibilities:	
Hourly Rate/Salary:		Reason for leaving:	
From:	To:	Employer:	Telephone: ()
Job Title:		Address:	
Immediate supervisor and title:		Summarize the nature of work performed and job responsibilities:	
Hourly Rate/Salary:		Reason for leaving:	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? Yes No

If yes, explain: _____

Computer Skills (please describe): _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

AUTHORIZATION

Please read carefully before signing.

County First Bank is an equal opportunity employer. County First Bank does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for County First Bank to hire me.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or County First Bank's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice at any time by County First Bank.

I authorize County First Bank to contact references provided for employment reference checks.

I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice at any time by County First Bank.

I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature: _____

Date: _____

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE SIGNED/DATED ABOVE.

DO NOT WRITE ON THIS PAGE

FOR INTERVIEWER'S USE

Interviewed By: _____

Date: _____

Neatness: _____

Character: _____

Personality: _____

Ability: _____

Additional Notes: _____

Hired: Yes No

For Department: _____

Position: _____

Salary: _____

Will Report: _____

Manager Signature: _____ Date: _____

Approving Signature (if required): _____ Date: _____

Consumer Report Authorization

Authorization to Obtain Credit Report For Employment Purposes Only

In connection with your application for employment with County First Bank (Employer), would like to obtain and review copies of your consumer report. Your authorization is requested.

Authorization

I, the undersigned, authorize County First Bank to obtain one or more consumer reports on me in connection with my application for employment.

This authorization is of a continuing nature and may be relied upon by Employer until I receive notice that my application was denied.

Signature: _____

Date: _____

DISCLOSURE & AUTHORIZATION FORM FOR RELEASE OF CONSUMER REPORTS

This serves to advise you that in consideration for employment (including contract for services) with County First Bank, a consumer report and/or investigative consumer report may be obtained on you. This process may include verification of education, credit history, employment history, a review of any local, county, state, and federal government agency records, court public records, driving records (MVR), workers' compensation claim files, and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. The source of the reports will be First Advantage, 300 Primera Blvd., Suite 356, Lake Mary, FL 32746. Toll-free number: 800.725.5051 ext: 122.

Please be advised you have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of First Advantage, upon proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request. The nature and scope of the investigative consumer report will be **employment verifications, motor vehicle reports, state and federal criminal history, social security number trace, and NationScan**. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report as prepared by the consumer reporting agency, if one is obtained, please check this box and we will send a copy to you within three days.

If public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of our receipt of it unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

Printed Full Name

Home Phone

Work Phone

Current Address

City

State

Zip Code

Social Security Number

Maiden or other name used

Year last used

Date of Birth

Drivers License Number

State

Prior Employer Name

Phone Number

Supervisor/Contact Name

Address

City, State & Zip Code

Date Hired

Departure Date:

Still Employed?

Ok to Call?

Signature

Date Signed