



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: _____