



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Do you have any relatives who work here? YES ☐ NO ☐ If yes, who? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in the rejection of my application or in my immediate dismissal.

I authorize Basile State Bank (hereafter referred to as "the Bank") to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I also authorize the Bank to secure financial and credit information through an appropriate agency. I understand that I have the right to request that Basile State Bank, completely and accurately disclose to me the source(s) of the credit information obtained. Such a request must be made in writing to the Human Resources Office of the Bank within a reasonable time after completion of this application. Additionally, I authorize the Bank to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

I also understand that the Bank has the right to modify any of its policies without giving prior notice of the changes to me. This application will be given every consideration, but its receipt or communication with any Bank official does not imply that the applicant will be employed. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that the Bank retains the right to terminate my employment at any time for any reason. No supervisor or officer of the Bank has the authority to modify, in any way, the "at will" employment relationship unless such modification is reduced to a formal written agreement and signed by the President of the Bank.

In the event of my employment with the Bank, I will comply with all rules, regulations, and policies set forth in the Bank's policy manuals or other communications distributed by the Bank. In addition, I do hereby pledge myself to observe in confidence and not disclose any information relating to Basile State Bank, business with any person, firm or corporation, except such matters that I may have express authority from an authorized officer of the Bank to disclose. I understand the Bank promotes an alcohol-free and drug free workplace.

Signature: _____ Date: _____