



## Employment Application

The New Washington State Bank is an equal opportunity employer. Applicants are considered for employment based on their qualifications and without regard to race, color, religion, sex, age, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. The Bank is an employment-at-will employer.

**PLEASE PRINT**

### PERSONAL INFORMATION

Date of Application: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Present

Address: \_\_\_\_\_  
Street City State, Zip Code

Are you 18 years or older: Yes  No

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

*Proof of citizenship or immigration status will be required upon employment*

Do you have any relatives or friends employed with our Company? Yes  No  If yes, please list below.

Have you ever been convicted of a felony? Yes  No  If yes, explain details below.

*(Conviction will not necessarily disqualify applicant from employment.)*

How did you hear about us? Newspaper Ad  Website  Other

Referred by Current Employee  \_\_\_\_\_  
Last Name First Name

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently employed? Yes  No  Can you travel if the job requires it? Yes  No

Have you ever applied to The New Washington State Bank before? Yes  No

Have you ever worked for The New Washington State Bank before? Yes  No  If yes, when and in what department/location? \_\_\_\_\_

Are you available to work: Full Time  Part Time  Temporary

## EDUCATION

	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied Degree and Major
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate/ Professional			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business, Trade Or Technical			Yes <input type="checkbox"/> No <input type="checkbox"/>	

## TRAINING SKILLS AND ACTIVITIES

List any special job related skills acquired from education, employment, volunteer work or military service which relate to the specific position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any Professional Certifications or other qualifications and/or special training which relate to the specific position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

List most recent positions held below, starting with the current or last job held. Account for all periods of time, including part-time work, United States military service or unemployment. If additional space is needed, please attach a separate sheet.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Salary		
Job Title                  Supervisor	From	To	
Reason for Leaving			May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Salary		
Job Title          Supervisor	From	To	
Reason for Leaving			May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Salary		
Job Title          Supervisor	From	To	
Reason for Leaving			May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Salary		
Job Title          Supervisor	From	To	
Reason for Leaving			May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

**PROFESSIONAL REFERENCES**

Please list 3 persons who are not related to you that know your professional qualifications and work abilities.

Name	Address	Phone	Years Acquainted

**APPLICANT'S RELEASE AND CERTIFICATION**

I hereby certify that the statements and facts set forth in this application for employment are my own and are true and correct. I understand that, if employed, any incomplete, false, or otherwise misleading statements on this application whenever discovered, shall be considered sufficient cause for dismissal. You are hereby authorized to contact my former employers for information concerning my employment, attendance, ability and experience. I understand and agree that if I am employed by the company, the employment relationship will be terminable at-will, with or without cause, at any time with or without notice, by either the company or myself, notwithstanding any other oral or written statements prior to, at, or following, the date of my employment

Date: \_\_\_\_\_  
Signature of Applicant

I authorize the company to investigate the statements contained in this application. I understand that the company's investigation may include contacting the references I have provided and my former employers. In consideration of the company accepting my application for review, I release The New Washington State Bank and all other parties, including but not limited to, my prior employers, from any claimed liability arising out of this application and/or any response, statement, or disclosures made by them in connection with the investigation of the facts in this application.

Date: \_\_\_\_\_  
Signature of Applicant