



DATE OF APPLICATION \_\_\_\_\_

DATE AVAILABLE FOR WORK \_\_\_\_\_

NAME (LAST, FIRST, M.)		SOCIAL SECURITY NO.
STREET ADDRESS, P.O. BOX, OR ROUTE NO.		PHONE NO.
CITY	STATE	ZIP CODE

Email address: \_\_\_\_\_

POSITION APPLIED FOR:	DESIRED SALARY	PREFERRED HOURS
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If you are under 18 and it is required, can you furnish a work permit?  
 \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY HIGH TRUST BANK <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND WHAT JOB?	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EDUCATION			
	SCHOOL NAMES AND ADDRESSES	CIRCLE LAST YR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL		8 9 10 11 12	YES NO
COLLEGE		1 2 3 4	YES NO
GRADUATE		1 2 3 4	YES NO
OTHER			
PLEASE LIST ANY DEGREE OR CERTIFICATES:  			

HAVE YOU EVER BEEN CONVICTED, FINED, IMPRISONED, OR PLACED ON PROBATION FOR THE VIOLATION OF ANY LAW (EXCLUDE MINOR TRAFFIC OFFENSES)?    YES    NO    , IF YES, GIVE DATE, PLACE, CHARGE AND DISPOSITION.

YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

## REFERENCES

NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

**THE COMPANY WILL CONTACT ALL EMPLOYERS LISTED, EXCEPT CURRENT EMPLOYER.**

## EMPLOYMENT HISTORY (GIVE CURRENT OR LAST JOB FIRST)

1	NAME OF COMPANY		PHONE NO.		ADDRESS	
	TYPE OF BUSINESS				POSITION OR JOB TITLE	
	EMPLOYED FROM DATE		BEGINNING PAY RATE		EMPLOYED TO DATE	ENDING PAY RATE
	MO. DA. YR.				MO. DA. YR.	
REASON FOR LEAVING				LAST SUPERVISOR		
2	NAME OF COMPANY		PHONE NO.		ADDRESS	
	TYPE OF BUSINESS				POSITION OR JOB TITLE	
	EMPLOYED FROM DATE		BEGINNING PAY RATE		EMPLOYED TO DATE	ENDING PAY RATE
	MO. DA. YR.				MO. DA. YR.	
REASON FOR LEAVING				LAST SUPERVISOR		
3	NAME OF COMPANY		PHONE NO.		ADDRESS	
	TYPE OF BUSINESS				POSITION OR JOB TITLE	
	EMPLOYED FROM DATE		BEGINNING PAY RATE		EMPLOYED TO DATE	ENDING PAY RATE
	MO. DA. YR.				MO. DA. YR.	
REASON FOR LEAVING				LAST SUPERVISOR		

## ADDITIONAL EXPERIENCE

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, EQUIPMENT, LICENSES AND/OR CERTIFICATES THAT MAY ASSIST YOU IN PERFORMING THE POSITION FOR WHICH YOU ARE APPLYING:

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## AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for employment without regard to race, color, religion, sex, national origin, age, or any non-job related disability. Equal access to programs, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the individual responsible for Human Resources.

Please complete this form carefully in your own handwriting. Replies to all questions will be held in strictest confidence. If your answers or statements require additional space, please attach supplemental sheets.

In order to be considered for employment, this application must be completed in full. Please indicate the specific job title for which you interested in being considered. Individuals who express an interest in "Any" position, or generic title will not be considered for employment.

The bank is committed to maintaining a workplace free of the problems associated with drug or alcohol abuse. As such, all applicants are required to undergo testing as part of the pre-employment process. If you currently use illegal drugs, we suggest that you not complete the application process. A positive drug test will result in disqualification from employment or withdrawal of any employment offer.

## APPLICANT'S CERTIFICATION

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. **I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**Consumer Reports and Investigative Consumer Reports**  
**Disclosure Notice and Authorization**

Disclosure:

This form is to notify you that a Consumer Report and/or an Investigative Consumer Report may be obtained as part of a background check for your employment process. A “consumer report” is any written, oral, or other communication bearing on reputation, personal characteristics and/or mode of living. An “investigative consumer report” contains information which is obtained through personal interviews with your business associates, family members, friends, neighbors, or other third parties with whom you are acquainted. This information will include inquiries regarding your personal characteristics and/or mode of living.

If any adverse employment decision is made based on the information contained in a consumer report or any investigative consumer report, you will be given a copy of the report as well as a summary of your rights under the Fair Credit Reporting Act.

Authorization:

By my signature below, I authorize People Check by Gana, to receive and release information in connection with my application for employment with High Trust Bank. I authorize all law enforcement agencies and courts to release all written and verbal information about me to include criminal history record information and driving license history record information. I further authorize the performance of, the procurement of and the release of consumer reports and/or investigative consumer reports. I further understand that any and all information contained in my job application may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports and I confirm that all such information is true and correct. This authorization is good for 180 days from date of signature and if hired, will remain in effect for periodic background checks for the duration of my employment with this company.

APPLICANT’S NAME: \_\_\_\_\_

MAIDEN NAME or OTHER NAME USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVER’S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTARY (if applicable): \_\_\_\_\_



PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by High Trust Bank in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Henry Occupational Medicine may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the bank for analysis.

I further agree to and hereby authorize the release of the results of said tests to High Trust Bank.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at High Trust Bank.

I further agree to hold harmless the bank and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the bank's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_