



Position applying for _____ Date _____

Specify days and hours if other than Full-Time _____

Date available to work? Hourly rate/salary desired

Are you able to meet this requirement? ☐ Yes ☐ No

Last Name		First	M.I.
Street Address			P.O. Box #
City		State	Zip
Phone		E-mail Address	
How did you hear about this opportunity?			
Are you legally eligible to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have any relatives or friends that work for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain



PREVIOUS EMPLOYMENT (LIST MOST RECENT EMPLOYER FIRST)				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Rate/Salary	\$	Ending Rate/Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact this previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Rate/Salary	\$	Ending Rate/Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact this previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Rate/Salary	\$	Ending Rate/Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact this previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Rate/Salary	\$	Ending Rate/Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact this previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

INDICATE THE NUMBER OF MONTHS OR YEARS OF EXPERIENCE YOU HAVE IN ANY OF THE FOLLOWING:

_____ Adding Machine	_____ Typing (wpm)	_____ Copying Machine	_____ Bilingual (language)
_____ Data Entry	_____ Shorthand (wpm)	_____ Fax Machine	
_____ Excel	_____ Word	_____ Other skills:	_____
_____ Outlook	_____ Access/ Databases		_____

EDUCATION									
High School/GED				Address					
		No. of Years Completed 1 2 3 4				Diploma Yes No			
College				Address					
Major		No. of Years Completed? 1 2 3 4				Degree Yes No			
Other				Address					
From To		No. or Years Completed? 1 2 3 4				Degree Yes No			

Have you completed any special courses, seminars and/or training that would enhance your ability to perform the position for which you are applying? YES ☐ NO ☐

If YES, please describe:

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Title
Company	Address
Phone ()	
E-mail address	
Full Name	Title
Company	Address
Phone ()	
E-mail address	
Full Name	Title
Company	Address
Phone ()	
E-mail address	

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX INCLUDING PREGNANCY, EXCEPT WHERE SEX IS A BONA FIDE OCCUPATIONAL QUALIFICATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS.

DISCLAIMER AND SIGNATURE

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge and I authorize BankFirst to verify their accuracy and to obtain reference information on my work performance. I understand that if any falsified statements of any kind or omissions of facts on this application are discovered, it shall be considered sufficient grounds to eliminate my application from further consideration and/or shall be considered sufficient grounds for rescinding any offer of employment.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I understand that as part of any conditional offer of employment, BankFirst will conduct a background screen and credit check through the third party vendor, ADP Screening and Selection Services.

I understand that, if employed, falsified or misrepresentation of statements of any kind or omissions of facts on this application shall be considered sufficient grounds for termination of employment. I verify that my answers are true and complete to the best of my knowledge.

Signature

Date



EEO: EEO-1 Voluntary Self Identification Form

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. The Equal Employment Opportunity Commission (EEOC) requires certain organizations to complete an EEO-1 report each year.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program and EEO-1 reporting as applicable. We are a company that values diversity. We actively encourage women and minorities to apply.

Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. This information will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

Position Applied for: _____ **Date:** _____

Name: _____

GENDER: (Please check one of the options below)

☐ Male ☐ Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

☐ Hispanic or Latino

☐ White (Not Hispanic or Latino)

☐ Black or African American (Not Hispanic or Latino)

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

☐ American Indian or Alaska Native (Not Hispanic or Latino)

☐ Two or More Races (Not Hispanic or Latino)

☐ Asian (Not Hispanic or Latino)

VETERAN STATUS: (Please check one of the descriptions below corresponding to your veteran status – if applicable.)

☐ Vietnam Era Veteran

☐ Special Disabled Veteran

☐ Other Protected Veteran

☐ Recently Separated Veteran

☐ Armed Forces Service Medal Veterans

OTHER:

☐ Individual with Disabilities

☐ I do not wish to Self-Identify

Signature: _____ **Date completed:** _____