

# Application for Employment



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Today's Date \_\_\_\_\_  
Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address (Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Referral Source (How did you hear about us?) \_\_\_\_\_  
Have you ever been employed here before? If yes, give dates and positions: \_\_\_\_\_  
Is this application a request for reemployment following extended military leave of absence from this company? \_\_\_\_\_

Yes No  
Are you legally eligible for employment in this country? Yes No

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_  
Type of employment desired: Full-Time Part-Time Seasonal Educational Co-Op

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?  
*This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*  
Yes No Need more information about the job's "essential functions" to respond

Drivers license # required if driving may be required for position: \_\_\_\_\_ State \_\_\_\_\_  
*Answering "yes" to either part of the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? Yes No  
If yes, provide date(s) and details: \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information:

Employer	Telephone
Address (Street) _____	_____
City _____	State _____ ZIP Code _____
Starting job title _____	Final job title _____
Dates employed: _____ To _____	
Month Year	Month Year
Compensation (starting) Hourly Salary _____	per _____
Commission /Bonus/Other Compensation _____	per _____
Compensation (final) Hourly Salary _____	per _____
Commission /Bonus/Other Compensation _____	per _____
Immediate supervisor and title (most recent position held) _____	
May we contact for a reference? Yes No	
Why did you leave? _____	
Summarize the type of work performed and job responsibilities. _____	

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Starting job title \_\_\_\_\_ Final job title \_\_\_\_\_

Dates employed: \_\_\_\_\_ To \_\_\_\_\_

Month Year Month Year

Compensation (starting) Hourly Salary \_\_\_\_\_ per \_\_\_\_\_

Commission /Bonus/Other Compensation \_\_\_\_\_ per \_\_\_\_\_

Compensation (final) Hourly Salary \_\_\_\_\_ per \_\_\_\_\_

Commission /Bonus/Other Compensation \_\_\_\_\_ per \_\_\_\_\_

Immediate supervisor and title (most recent position held) \_\_\_\_\_

May we contact for a reference? Yes No

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Starting job title \_\_\_\_\_ Final job title \_\_\_\_\_

Dates employed: \_\_\_\_\_ To \_\_\_\_\_

Month Year Month Year

Compensation (starting) Hourly Salary \_\_\_\_\_ per \_\_\_\_\_

Commission /Bonus/Other Compensation \_\_\_\_\_ per \_\_\_\_\_

Compensation (final) Hourly Salary \_\_\_\_\_ per \_\_\_\_\_

Commission /Bonus/Other Compensation \_\_\_\_\_ per \_\_\_\_\_

Immediate supervisor and title (most recent position held) \_\_\_\_\_

May we contact for a reference? Yes No

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

**Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: \_\_\_\_\_

**Educational Background**

Starting with most recent school attended, provide the following information

School (include city & state)	Years completed	GPA	Major/Minor

Diploma \_\_\_\_\_ GED \_\_\_\_\_ Degree \_\_\_\_\_ Certification \_\_\_\_\_

**References**

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship	Telephone	Email	# of years known

**Applicant Statement**

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 application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or other persons, corporations or organizations for 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 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 30 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 assurances 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 a 1-9 Form in this regard. This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law.

This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

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.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully

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

## BACKGROUND NOTIFICATION AND RELEASE

Company Name: Elkton Bank & Trust Co.

The information contained in my application for employment with Elkton Bank & Trust (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may select to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

PLEASE PRINT

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Maiden Name or AKA(First, Middle, Last) \_\_\_\_\_  
 Social Security # \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Current and previous address(es) Provide all addresses for previous 7 years

Street \_\_\_\_\_ From \_\_\_\_\_  
 City, State, Zip, County \_\_\_\_\_ To \_\_\_\_\_  
 Street \_\_\_\_\_ From \_\_\_\_\_  
 City, State, Zip, County \_\_\_\_\_ To \_\_\_\_\_  
 Street \_\_\_\_\_ From \_\_\_\_\_  
 City, State, Zip, County \_\_\_\_\_ To \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

For Employer Use Only: Please mark (  ) the searches to be conducted

Basic Package	Enhanced Package	Moderate Package
Residency History	County-Civil      ST-Criminal	ST-Criminal
Social Security Alert	NW-Federal Criminal      Verification of -Emp	Residency History
County-Criminal	Social Security Alert      NW-Federal Bankruptcy	Social Security Alert
	Residency History	NW-Federal Criminal

## CREDIT AUTHORIZATION FORM

1. By this document, it is disclosed to you that a consumer report may be obtained for employment purposes as part of a screening background check and at any time during your employment or affiliation.

2. This shall authorize the procurement of a consumer report as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization to procure consumer reports at any time during my affiliation or employment period.

3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, mode of living, character and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed, or their agent.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the retrieval of any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

My signature below also indicates that I have received a "Summary of rights" in accordance with the Fair Credit Reporting Act.

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Applicant's Signature	Name (Print)
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Today's Date	Other Name(s) used	SSN
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Date of Birth	Drivers License #	State
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Current Address	City	State	Zip
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Previous Address	City	State	Zip
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