APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

We are an Equal Opportunity Employer. This application is not intended to elicit information for the purpose of discrimination

Federal and State laws prohibit discrimination in employment because of race, color, religion, sex, age, national origin, handicapped condition, status as a disabled or Vietnam Era veteran, sexual orientation, military status or any other basis prohibited by statute.

PERSONAL Date: _____

Name _____ Social Security No. _____
Last First Middle Initial

Present address _____
No. Street City State Zip

How many years have you lived at this address? _____ Telephone No. _____

Previous address _____ How long did you live there? _____
No. Street City State Zip

Position(s) applied for 1. _____ Rate of pay expected $ _____ per _____

2. _____ Rate of pay expected $ _____ per _____

Is there anything that would prevent you from performing in a reasonable and safe manner the activities for which you have applied?
Yes ☐ No ☐

How did you learn of this opening? _____

Do you want to work ☐ Full-Time or ☐ Part-Time. Specify days and hours of part-time _____

Are you available to work overtime? Yes ☐ No ☐

Have you worked for us before? _____ If yes, when? _____

If hired, on what date will you be available to start work? _____

Please list all names that you have been known by other than the name on this application. _____

_____

Are you under 18 years of age? Yes ☐ No ☐

Are you either a U.S. citizen or an alien who has the legal right to remain and work in the U.S.? (You will be required to furnish proof of lawful work status if you are extended a job offer) Yes _____ No _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	GRADUATED	COURSE OR MAJOR
GRAMMAR OR GRADE		☐ Yes ☐ No	
HIGH SCHOOL		☐ Yes ☐ No	
COLLEGE		☐ Yes ☐ No	
POST GRADUATE		☐ Yes ☐ No	
BUSINESS OR TRADE		☐ Yes ☐ No	
OTHER		☐ Yes ☐ No	

(Employment at Fulton Savings Bank requires at least a high school diploma or equivalent)

PERSONAL REFERENCES

Give three personal references who have known you for at least three years. Do not give relatives, your doctor(s), former employees or fellow employees.

Name and Occupation	Address	Phone Number
1._____	_____	
2._____	_____	
3._____	_____	

GENERAL

Skills

Computer Skills ☐ Yes ☐ No

Word Processor Skills ☐ Yes ☐ No

Other (Describe) _____

_____

PRIOR WORK HISTORY

(List in order, last or present employer first)
You may include any verified work performed on a volunteer basis.

DATES		NAME AND ADDRESS OF EMPLOYER	SUPERVISOR NAME AND TITLE	REASON FOR LEAVING
FROM	TO	Telephone No.		

Position:
Describe in detail the work you did:

PRIOR WORK HISTORY (Continued)

DATES		NAME AND ADDRESS OF EMPLOYER Telephone No.	SUPERVISOR NAME AND TITLE	REASON FOR LEAVING
FROM	TO			
Position: Describe in detail the work you did:				

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FROM	TO			
Position: Describe in detail the work you did:				

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his or her complete background. To assist us in finding the proper position for you in our Institution, use the space below to summarize any additional information necessary to describe your full qualifications.

(CONTINUED ON THE NEXT PAGE)

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this Institution (Fulton Savings Bank) will be based only on your merit and on no other consideration.

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that my employment may be terminated with or without cause or notice, at any time, at either my option or that of the Institution (Fulton Savings Bank). I understand that no management representative has any authority to enter into any agreement continuing employment for any specific period of time or which is contrary to the foregoing without written approval of the Institution. I give the Institution permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by the Institution. After a tentative offer of employment has been made, if requested by the Institution, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Institution. I understand that any offer of employment is conditioned upon receipt of satisfactory referenced and satisfactory completion of such job-related medical examination.

I have provided truthful and complete responses to all inquires in the application and understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by the Institution's rules and regulations, which I understand are subject to change by the Institution.

Signed under penalties of perjury this_____day of _____, 20_____

Signature of Applicant _____

In connection with your application for employment the Institution may have an investigative consumer report made on you, which would include information as to your character general reputation and personal characteristics. You have the right to request that the Institution completely and accurately disclose to you the nature and scope of the investigation to be undertaken. Any such request must be made in writing to the Institution within a reasonable time after the date of this application.

DO NOT WRITE BELOW THIS LINE

INTERVIEW ☐ Yes ☐ No Date_____ Hour_____

Result of Interview_____

_____

_____

_____

_____

_____

Acceptable for Employment? _____Starting Rate _____Starting Date _____

Occupation _____

Interviewed by_____

_____