Application For Employment

We consider application for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Position(s) Applying For: Date of Application

How Did You Learn About Us?

Advertisement ____ Relative ____ Inquiry ____
Employment Agency ____ Friend ____ Other ____

Last Name First Name Middle Name

Address City State Zip

Telephone Number(s) Home:_____

Other:_____

Best time to contact you at home is ---------- ____:____ am

____:____ pm

If you are under 18 years of age, can you provide required proof of your eligibility to work ---------- Yes No

Have you ever filed an application with us before?---------- Yes No

Have you ever been employed with us before? --------If Yes, give Date_____---------- Yes No

Do any of your friends or relatives work here? ---------- Yes No

Are you currently employed? ---------- Yes No

May we contact your present employer? ---------- Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of Citizenship or Immigration status will be required upon employment --- Yes No

Date Available for work____/____/_____ What is your desired salary range?_____

Are you available to work Full Time _____
Part Time _____

Can you travel if a job requires it?---------- Yes No

Education

	Name and Address of School	Course of Study	Number of Years	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Describe any job-related training received in the United States Military:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer

Address

Telephone Number(s)

Dates Employed From _____/_____ To _____/_____

Job Title

Duties Performed:

Wage Starting $_____ Final $_____

Reason(s) for Leaving:

Employer

Address

Telephone Number(s)

Dates Employed From _____/_____ To _____/_____

Job Title

Duties Performed:

Wage Starting $_____ Final $_____

Reason(s) for Leaving:

Employer

Address

Telephone Number(s)

Dates Employed From _____/_____ To _____/_____

Job Title

Duties Performed:

Wage Starting $_____ Final $_____

Reason(s) for Leaving:

If you need additional space, please continue on a separate sheet of paper.

Describe any special job-related skills or training you have acquired from employment or other experience.

Additional Information

Specialized Skills (Check Skills/Equipment Operated)

Spreadsheet _____ PC/MAC _____ Other (list)

Word Processing _____ Typewriter _____

_____
_____
_____
_____
_____

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which your are applying, either with or without a reasonable accommodation?

_____ Yes _____No

References:

1. _____ ( ) _____
(Name) (Phone)

_____
(Address)

2. _____ ( ) _____
(Name) (Phone)

_____
(Address)

3. _____ ( ) _____
(Name) (Phone)

_____
(Address)

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall bee considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employees may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Northview Bank.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____

Signature of Applicant Date

DISCLOSURE--PREPARATION OF CONSUMER REPORT

To process your application with Northview Bank, an investigative consumer report (background check) may be conducted by Verified Credentials, Inc. In accordance with the U.S. Fair Credit Reporting Act § 606, we notify you of the following: A background check report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed: My current employer may be contacted? ☐ Yes ☐ No

I request a copy of the report. ☐ Yes ☐ No

Please read the following and, if acceptable, authorize us to order an investigative consumer report to be prepared by Verified Credentials, Inc.

AUTHORIZATION--TO PREPARE INVESTIGATIVE CONSUMER REPORT

I authorize the appropriate individuals, companies, institutions or agencies to release information requested for the preparation of an investigative consumer report on me and to respond to all inquiries necessary for the same.

Legal Last Name | Legal First Name | Legal Middle Name

Street Address

City | State | Zip

Please list any additional addresses you have lived, worked and attened schools in during the past 7 years (Please include city, state, zip and county):

City | State | Zip

City | State | Zip

Other Name(s) used and Date(s) changed: _____

Driver License Number | State Issued | Expiration Date | Date of Birth

I AUTHORIZE A PHOTOCOPY AND/OR AN ELECTRONIC COPY OF THIS AUTHORIZATION TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS AUTHORIZATION WILL REMAIN IN EFFECT THROUGHOUT MY EMPLOYMENT.

Signature | Social Security Number | Date