



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought _____

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Email Address _____ Social Security Number _____

On what date would you be available for work? _____

Desired Wage/Salary _____

Are you a US Citizen, or are you otherwise authorized to work in the US without restriction?

Yes No

Have you ever been convicted of a felony? Yes No If yes, please describe the circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No If yes, please describe the circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug-screening test? Yes No

Education:

School Name	Location	Years Attended	Degree Received	Major

Other Training, certifications, or licenses held: _____

Employment:

(Most Recent First)

Employer _____ Job Title _____

Dates Employed _____ Position Held _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

Employer _____ Job Title _____

Dates Employed _____ Position Held _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

Employer _____ Job Title _____

Dates Employed _____ Position Held _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

Employer _____ Job Title _____

Dates Employed _____ Position Held _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

References:

Please list below three employment references whom we may contact for obtaining information related to your previous employment or education. You may list personal references if not previously employed.

Name _____ Phone Number _____

Relationship _____

Name _____ Phone Number _____

Relationship _____

Name _____ Phone Number _____

Relationship _____

Acknowledgement and Authorization

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This information may be used to obtain any of the following: credit file, county, state and/or federal criminal records and motor vehicle records.

This application for employment shall be considered active for a period of time not to exceed 6 months. 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 Employee 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 an authorized executive of this organization specifically acknowledges such change in writing.

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. Further, I hereby give my permission for Hometown Bank to use the above information to obtain a copy of the above listed reports.

Signature of Applicant

Date

Job Applicant Self-Identification Form

We are a government contractor subject to all provisions of The Civil Rights Act of 1964, Executive Order 11246 (as amended), The Rehabilitation Act of 1973 (as amended), and The Vietnam Era Veterans' Readjustment Assistant Act of 1974 (as amended). Qualified applicants are considered without regard to race, color, age, sex, sexual orientation, gender identity, religion, national origin, genetic information, pregnancy, disability, or protected veteran status. In order to help us comply with government regulations, we would like you to answer the questions listed below. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** This form will be kept strictly confidential and separate from your Employment Application.

PLEASE PRINT

Date: _____

Last Name: _____ **First Name:** _____

Middle Initial: _____

Gender: Please check one.

- Male Female

Race/Ethnicity: Please check one.

- Hispanic or Latino
 White (Not Hispanic or Latino)
 Black or African American (Not Hispanic or Latino)
 Asian (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)

Are you a Protected Veteran? Please check one.

- Yes, I am a Protected Veteran.*
 No, I am not a Protected Veteran.

Disability Status: Please check one.

- Yes, I am an individual with a disability.**
 No, I do not have a disability.
 I do not wish to answer. *Continued on Next Page)*

*Protected Veteran Categories/Definitions

• Disabled veteran: • a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs for a disability; or
• a person who was discharged or released from active duty because of a service-connected disability

- Recently separated veteran: any veteran during the three-year period beginning on the date of discharge or release from active duty in the U.S military, ground, naval, or air service
- Active duty wartime or campaign badge veteran: any veteran who served on active duty in the U.S military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense
- Armed Forces service medal veteran: any veteran who, while serving on active duty in the U.S military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded, pursuant to Executive Order No. 12985

**Individual with Disability: any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment

Job Applicant Self-Identification Form *(continued)*

PLEASE PRINT

Position(s) applied for: _____

Referral Source: Please check one.

- Walk-in
- Employee
- Advertisement – Source _____
- Government Employment Agency
- Private Employment Agency
- School
- Relative
- Other _____

Name of person who referred you (if applicable) _____