

EDUCATION

NAME	ADDRESS	CITY	STATE	Major Course or Subject	Ej genlast year completed	DEGREE
HIGH SCHOOL OR PREPARATORY					1 2 3 4	
BUSINESS SCHOOL					1 2 3 4	
COLLEGE					1 2 3 4	
GRADUATE WORK					1 2 3 4	

List scholastic honors, office held, and activities in high school:

List scholastic honors, offices held, and activities in college:

If you did not graduate, why did you leave school or college? _____

Are you planning to pursue further studies? YES NO DAY SCHOOL NIGHT SCHOOL

If so, when, where and what courses: _____

GENERAL INFORMATION

Use the space below to describe your interest in banking and the skills and aptitudes that you feel qualify you for a position at the Bank. [You may wish to include civic and community activities, professional societies in which you participate, special training or skills such as typing, accounting and the like.] Please exclude organizations that might indicate race, color, religion, national origin, disability, or protected status. If you need more space, please continue on a separate sheet.

Have you been employed here previously? YES NO Have you ever applied here before? YES NO

Have you ever been convicted of a criminal offense involving dishonesty or breach of trust (including but not limited to robbery, embezzlement, forgery, perjury, tax evasion, etc.)? YES NO

(Such a conviction is not an automatic bar to employment. Any information supplied regarding the circumstances, rehabilitation and age at the time will be considered. You may attach additional information which you want considered.)

List any special considerations which would affect the hours you could work: _____

EMPLOYMENT RECORD

Starting with PRESENT or MOST RECENT, list all previous employers. Include self-employment, summer and part-time jobs.

Name and Address of Former Employer	Dates Employed	Position & Duties	Salary		Reason for Leaving
			Starting	Leaving	
COMPANY NAME	From Mo. & Yr. To Mo. & Yr.				
ADDRESS	→				
CITY STATE ZIP					
COMPANY NAME	From Mo. & Yr. To Mo. & Yr.				
ADDRESS	→				
CITY STATE ZIP					
COMPANY NAME	From Mo. & Yr. To Mo. & Yr.				
ADDRESS	→				
CITY STATE ZIP					
COMPANY NAME	From Mo. & Yr. To Mo. & Yr.				
ADDRESS	→				
CITY STATE ZIP					

If you need more space, please continue on a separate sheet.

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? YES NO

REFERENCES

(Other than previous employers or relatives.)

Name: _____

Name: _____

E-mail: _____

E-mail: _____

Phone: _____

Phone: _____

UNEMPLOYMENT RECORD

Account for all periods of unemployment of 2 weeks duration or more since you left school until present time.

FROM		TO		STATE WHAT YOU WERE DOING
MO.	YR.	MO.	YR.	
MO.	YR.	MO.	YR.	
MO.	YR.	MO.	YR.	

ADDITIONAL INFORMATION

Use the space below if you wish to volunteer additional information you feel may be helpful to us in considering your application.

NOTE: Please carefully read the statements below. After you have read the statements, please sign and date in the space provided below.

“I certify that the facts contained in this application and in any resume or other material provided to the Bank and in any oral statements by me are true and complete to the best of my knowledge. I understand that, if employed, omissions, incomplete statements, or false statements on this application or other materials supplied to the Bank or in oral statements by me in the hiring process shall be grounds for dismissal.

I authorize investigation of all statements contained herein and authorize the employers and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.”

I UNDERSTAND AND AGREE THAT, IF HIRED:

1. MY EMPLOYMENT IS FOR NO DEFINITE PERIOD BUT MAY BE TERMINATED BY THE BANK AT ANY TIME WITHOUT ANY PRIOR NOTICE AND WITHOUT CAUSE.
2. NO OFFICER OR EMPLOYEE OF THE BANK CAN GUARANTEE ME EMPLOYMENT FOR ANY PERIOD OF TIME OR ANY SPECIFIC SALARY BENEFITS EXCEPT BY A WRITTEN EMPLOYMENT AGREEMENT BETWEEN ME AND THE BANK SIGNED BY THE PRESIDENT OF THE BANK.
3. I WILL COMPLY WITH ALL RULES AND REGULATIONS OF THE BANK INCLUDING THE DRUG AND ALCOHOL POLICY. I UNDERSTAND THE BANK’S RULES, REGULATIONS AND POLICIES ARE NOT A CONTRACT AND MAY BE CHANGED OR WAIVED BY THE BANK AT ANY TIME.

Date: _____

Signed: _____

Social Security Number: _____

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc. (GIS), on behalf of Central National Bank may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with Central National Bank's consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with Central National Bank, and give my full consent for this information to be obtained.

II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or other applicable state laws.

III. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know of the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name of the agency providing that report.

IV I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

V. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

VI. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by GIS to furnish the information described in Section I.

VII. Upon proper identification, you have the right to make request to GIS, within a reasonable period of time, as to the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that GIS has previously furnished. Communications with GIS should be directed to PO Box 353, Chapin SC 29036 or (866) 265-4917

CANDIDATE COMPLETE THE FOLLOWING

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Month, Day and Year of Birth

Social Security Number

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of a crime? ___ No ___ Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.

NOTICE OF CALIFORNIA CANDIDATES

You have the right to obtain a copy of any consumer report or investigative consumer report obtained by Central National Bank by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

INVITATION TO APPLICANTS

Central National Bank, in full compliance with Executive Order 11246, as amended, is committed to the continual evaluation of our Affirmative Action Program (AAP) in order to evaluate our progress as an equal opportunity employer. We are asking applicants to complete this questionnaire. This information is requested on a strictly voluntary basis and will not subject you to any adverse treatment.

Print Name: _____ Date: _____

AFFIRMATIVE ACTION INFORMATION:

Check the appropriate:

A. Gender: Male Female

B. Race: (Check one or more)

Black or African American White Hispanic or Latino

Asian Hawaiian/Other Pacific Islander American Indian/Alaskan Native

Other/Unknown

C. Ethnicity: (Check one)

Hispanic or Latino Not Hispanic or Latino

CATEGORIES AND DEFINITIONS:

American Indian and Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins in any black racial groups of Africa.

Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa,

Are you able to safely and effectively perform the essential functions of the position for which you are applying? Yes No

If no, please explain: _____

VETERAN STATUS: Are you a veteran? _____ Yes _____ No

(Please check one if it describes your veteran status.)

_____VIETNAM ERA VETERAN: Active service was anytime during the period August 5, 1964 and before May 7, 1975. No veteran can be considered to be a veteran of the Vietnam era under this paragraph after December 31, 1994.

_____SPECIAL DISABLED VETERAN: A veteran who is (a) entitled to compensation for a disability rated at 10 or 20 percent and is considered to have a serious employment disability, or (b) a person who was discharged or released from active duty due to a service-connected disability.

_____OTHER PROTECTED VETERANS: Veterans who served on active duty during a war or campaign or expedition for which a campaign badge had been authorized.