

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE - PLEASE PRINT)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS ARE CONSIDERED, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, PHYSICAL OR MENTAL DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

LAST NAME		FIRST	MIDDLE	DATE OF APPLICATION
PRESENT ADDRESS - STREET		CITY	STATE	ZIP
PERMANENT ADDRESS - STREET		CITY	STATE	ZIP
HOME PHONE NUMBER(S)	CELLULAR	SOCIAL SECURITY NUMBER		
POSITION DESIRED		<input type="checkbox"/> FULL TIME <input type="checkbox"/> SHIFT WORK	<input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	PREFERRED WORK SCHEDULE
DATE YOU CAN START	SALARY RANGE DESIRED	ARE YOU WILLING TO WORK OVERTIME IF REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE		HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATES		
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO (PROOF MAY BE REQUIRED OF EMPLOYED)		
HOW WERE YOU REFERRED TO US?		ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO (PROOF MAY BE REQUIRED OF EMPLOYED)		
CURRENT DRIVER'S LICENSE # (IF REQUIRED FOR POSITION)		STATE	COMMERCIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
IN CASE OF EMERGENCY, NOTIFY:	NAME	ADDRESS	PHONE	

(DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS OF THIS POSITION)

ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THIS POSITION AS THEY HAVE BEEN OUTLINED TO YOU? YES NO

IF NOT, WHAT FUNCTION(S) CAN YOU NOT PERFORM AND WHAT ACCOMMODATION(S) WOULD BE REQUIRED IN ORDER FOR YOU TO PERFORM THESE FUNCTION(S).

EDUCATION	SCHOOL NAME AND LOCATION	YEARS COMPLETED	YEAR GRADUATED	NAME OF DEGREE/DIPLOMA
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				
OTHER				

LIST ANY SPECIAL HONORS, CERTIFICATES, AWARDS OR TRAINING YOU HAVE RECEIVED	
NOTE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION	

PERSONAL REFERENCES - List three persons who are **Not Related** to you

	NAME	ADDRESS	PHONE NO.	BUSINESS	YRS. ACQUAINTED
1					
2					
3					

LAST NAME
FIRST
MIDDLE

EMPLOYMENT EXPERIENCE - Start with your present or last job

DATE EMPLOYED FROM TO		EMPLOYER ADDRESS	SUPERVISOR	POSITION-WORK PERFORMED	REASON(S) FOR LEAVING
SALARY STARTING ENDING					
PHONE(S)		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE EMPLOYED FROM TO		EMPLOYER ADDRESS	SUPERVISOR	POSITION-WORK PERFORMED	REASON(S) FOR LEAVING
SALARY STARTING ENDING					
PHONE(S)		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE EMPLOYED FROM TO		EMPLOYER ADDRESS	SUPERVISOR	POSITION-WORK PERFORMED	REASON(S) FOR LEAVING
SALARY STARTING ENDING					
PHONE(S)		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE EMPLOYED FROM TO		EMPLOYER ADDRESS	SUPERVISOR	POSITION-WORK PERFORMED	REASON(S) FOR LEAVING
SALARY STARTING ENDING					
PHONE(S)		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO
 (CONVICTIONS ARE NOT A BAR TO EMPLOYMENT IN ALL CASES. EACH SITUATION IS EVALUATED INDIVIDUALLY)

IF YES, PLEASE DESCRIBE: _____

(DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS OF THIS POSITION)
 ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THIS POSITION AS THEY HAVE BEEN OUTLINED TO YOU? YES NO

IF NOT, WHAT FUNCTION(S) CAN YOU NOT PERFORM AND WHAT ACCOMMODATION(S) WOULD BE REQUIRED IN ORDER FOR YOU TO PERFORM THESE FUNCTION(S).

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION OR INTERVIEW MAY BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE 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 FROM ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT WILL BE 'AT WILL', WITHOUT ANY DEFINITE PERIOD OF TIME, AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT PRIOR NOTICE, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY."

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I MAY BE REQUIRED TO UNDERGO A MEDICAL EXAMINATION AND SUBSTANCE TEST AT THE COMPANY'S EXPENSE.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW

INTERVIEWED BY			DATE
HIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO		POSITION	DEPT.
SALARY/WAGE		DATE REPORTING TO WORK	
APPROVED BY:		TITLE	DATE

AUTHORIZATION TO OBTAIN CREDIT REPORT INFORMATION
FROM AN OUTSIDE SOURCE

By signing this document, I authorize Guardian Saving Bank to obtain information regarding my creditworthiness, standing, or capacity, character, general reputation, person characteristics, or mode of living from any outside source that regularly provides such information. I understand that information from such a report may be used by Guardian Savings Bank in making a decision regarding my employment.

Signed

Dated