



EMPLOYMENT APPLICATION

(Please Print)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For _____ Date of Application ____/____/____

How Did You Learn About Us?

Advertisement Friend Walk-In Other
 Employment Agency Relative Employee _____

<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Social Security Number</i>	
<i>Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Physical Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Previous Address (if at above address less than 5 years)</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone Number</i>	<i>Drivers License Number</i>	<i>State</i>		

1. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
2. Have you ever filed an application with us before? Yes No
3. Have you ever been employed with us before? Yes No
4. Are you currently employed? Yes No
5. May we contact your present employer? Yes No
6. 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
7. On what date would you be available for work? ____/____/____
8. Are you available to work: Full time Part time Temporary
9. Are you currently on "lay-off" status and subject to recall? Yes No
10. Can you travel if a job requires it? Yes No
11. Have you been convicted of a misdemeanor or felony within the last 7 years?
(Conviction will not necessarily disqualify an applicant from employment)
If yes, please explain:

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 Name		Contact	
Address	City	State	Zip Code
Known As: Last Name	First	M.I.	Suffix
Employer Phone Number	Ext	Position Held	Supervisor's Full Name
From: _____ to _____	\$ _____	Reason for Leaving	
Dates of Employment (mm/yyyy)			
Hourly Rate/Salary			
Work Performed			

Employer Name		Contact	
Address	City	State	Zip Code
Known As: Last Name	First	M.I.	Suffix
Employer Phone Number	Ext	Position Held	Supervisor's Full Name
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Work Performed			

Employer Name		Contact	
Address	City	State	Zip Code
Known As: Last Name	First	M.I.	Suffix
Employer Phone Number	Ext	Position Held	Supervisor's Full Name
From: _____ to _____	\$ _____	Reason for Leaving	
Dates of Employment (mm/yyyy)			
Hourly Rate/Salary			
Work Performed			

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

Specialized Skills

Check all that apply:

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Image Capture | <input type="checkbox"/> Fax | <input type="checkbox"/> Calculator | <input type="checkbox"/> Typewriter |
| <input type="checkbox"/> PC | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> ITI Premier |
| <input type="checkbox"/> Other (specify) _____ | | | |

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Additional Information

List professional, trade, business or civic activities and/or offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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

Notice to Applicants

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

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A job description with list of the activities involved is available upon request.

Yes No

References (list 3)

Name

Phone Number

Business Name

Title

Relationship to Applicant

Name

Phone Number

Business Name

Title

Relationship to Applicant

Name

Phone Number

Business Name

Title

Relationship to Applicant

Education

_____	_____	_____	_____
High School (School Name)	Years Completed		
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Attended Under: Last Name	First	M.I.	Suffix
_____	_____	_____	_____
Phone Number	Diploma (yes / no)	_____ to _____	Dates of Attendance (mm/yyyy)

_____	_____	_____	_____
Undergraduate College (School Name)	Branch Campus	Studies	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Attended Under: Last Name	First	M.I.	Suffix
_____	_____	_____	_____
Phone Number	Highest Degree Obtained	_____ to _____	Dates of Attendance (mm/yyyy)

_____	_____	_____	_____
Graduate Professional (School Name)	Branch Campus	Studies	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Attended Under: Last Name	First	M.I.	Suffix
_____	_____	_____	_____
Phone Number	Highest Degree Obtained	_____ to _____	Dates of Attendance (mm/yyyy)

_____	_____	_____	_____
Other (Specify)	Branch Campus	Studies	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Attended Under: Last Name	First	M.I.	Suffix
_____	_____	_____	_____
Phone Number	Highest Degree Obtained	_____ to _____	Dates of Attendance (mm/yyyy)

Indicate any foreign languages you can speak, read and/or write				
	LANGUAGE	FLUENT	GOOD	FAIR
Speak	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any specialized training, apprenticeship, skills and/or extracurricular activities.

Describe any job-related training received in the United States military.

Applicant's Statement

I certify that the 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 application for employment shall be considered active for a period of time not to exceed 45 days. 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

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

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interview Date _____ Time _____
Interviewed by: _____			_____
Order Background Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Ordered: _____ Initials: _____
Send letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

BANK OF JACKSON HOLE

NOTIFICATION AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my application for employment with Bank of Jackson Hole I understand that a Credit Report may be requested or criminal background inquiries may be made.

By signing this document, I authorize Bank of Jackson Hole to conduct any credit investigation it deems appropriate based upon the position for which I am applying.

I further authorize Bank of Jackson Hole to conduct a background investigation, which may include civil litigation and criminal background inquiries.

I understand that the information from the credit report or background investigation may be used by Bank of Jackson Hole in making a decision regarding my employment.

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Furthermore, I am entitled to know if employment has been denied because of information obtained by Bank of Jackson Hole from a Reporting Agency. If so, I will be so advised in writing and given the name and address of the agency; a statement that the action was based in whole or part on information contained in the report; and written notice that I have the right (1) if I request, to obtain within sixty days a copy of the Report from the Reporting Agency, and (2) to dispute the accuracy or completeness of the information in the report.

I understand that any information obtained from the credit report or background investigation will be used strictly for employment purposes.

Signature _____ *Printed Name* _____

Date _____

Names also known as

Mailing Address

City *State* *Zip Code*

Email Address: _____

Phone Number _____

Birth Date _____

Social Security Number _____

Drivers License # _____

State Issued _____ *Expiration Date* _____