

Application for Employment



Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ E-mail Address _____

Position(s) applied for _____ Date of application / /

Referral Source (Please check the appropriate category and name the source.)

- Walk-in _____
- Employee _____
- Advertisement _____
- Company's Website _____
- Other Internet _____

- School _____
- Job Fair _____
- Staffing Agency _____
- Government Employment Agency _____
- Other _____

If necessary, best time to call you at home is _____ : _____
AM PM

May we contact you at work?..... Yes No

If yes, work number and best time to call:
() _____ : _____
AM PM

Will you work overtime if required?..... Yes No

If no, please explain _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes

No

Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes No

If yes, please provide date(s) and details _____

If you are under 18 and it is required,

can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If yes, give dates From / / To / /

Are you legally eligible for employment in this country?..... Yes No

Date available for work..... / /

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: Full-Time Part-Time

Educational Co-Op Seasonal Temporary

Will you relocate if job requires it?..... Yes No

Will you travel if job requires it?..... Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position?..... N/A Yes No

Employment History

Starting with your most recent employer, provide the following information.

| | | |
|--|--|--|
| Employer | Telephone # () | Dates employed: Month / Year to Month / Year |
| Street address | City State | Compensation (Starting) |
| Starting job title/final job title | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| Immediate supervisor and title (for most recent position held) | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Commission/Bonus/Other Compensation \$ |
| Why did you leave? | | Compensation (Final) |
| | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per |
| | | Commission/Bonus/Other Compensation \$ |
| Summarize the type of work performed and job responsibilities. | | |
| What did you like most about your position? | | |
| What were the things you liked least about the position? | | |

| | | |
|--|--|--|
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Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

| | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> Word Processing _____ | Years: _____ | <input type="checkbox"/> Internet _____ | Years: _____ |
| <input type="checkbox"/> Spreadsheet _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |
| <input type="checkbox"/> Presentation _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |
| <input type="checkbox"/> E-mail _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |

Educational Background

Starting with your most recent school attended, provide the following information.

| School (include City & State) | Years Completed | Completed | GPA (class name) | Major/Minor |
|-------------------------------|-----------------|--|------------------|-------------|
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.

If not applicable, list three school or personal references who are *not* related to you.

| Name | Title | Relationship to You | Telephone | Number of Years Known |
|------|-------|---------------------|-----------|-----------------------|
| | | | () | |
| | | | () | |
| | | | () | |

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |
| | |

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



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Application for Employment (ADA Version) #A0821



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PRE-EMPLOYMENT VOLUNTARY QUESTIONNAIRE

Page Two

SPECIAL DISABLED VETERANS

A special disabled veteran is (i) 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 Department of Veterans Affairs or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Are you a Disabled Veteran? yes no

OTHER PROTECTED VETERANS

An Other Protected Veteran is defined as a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or an expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. See <http://www.opm.gov/veterans/html/vgmedal2.htm> for listing.

Are you an Other Protected Veteran? yes no

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 State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3CFR, 1996 Comp., p. 159).

Are you an Armed Forces service medal veteran? yes no

RECENTLY SEPARATED VETERANS

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service..

Are you a Recently Separated Veteran? yes no

POSITION APPLIED FOR: _____

APPLICANT'S NAME: _____
(please print)

SIGNATURE: _____

DATE: ____/____/____

NOTICE AND CONSENT

NOTICE TO APPLICANT:

As part of its employment application screening process, Bank of Commerce (the "Bank"), uses a credit reporting agency to conduct personal background checks and credit checks on all finalist applicants for employment. The information the Bank receives from the credit reporting agency will come to the Bank in the form of a "consumer credit report." The consumer credit report may contain information pertaining to the applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. The consumer credit report may also contain information relating to the criminal record or history of the applicant going back in time.

Under the federal Fair Credit Reporting Act, as well as under some states' laws, you have certain legal rights pertaining to any consumer credit report requested by the Bank regarding you. Before taking any adverse action regarding your application for employment, the Bank must provide to you a summary of your legal rights under the Fair Credit Reporting Act, a copy of the consumer credit report containing any information which lead to an adverse decision regarding your employment, and the name, address, and telephone number of the consumer reporting agency that provided the consumer credit report.

By signing the CONSENT below, you are authorizing the Bank to obtain a consumer credit report about you in accordance with federal and state law.

By checking this box, you are indicating that you would like to receive, at no cost to you, a copy of the consumer credit report obtained by the Bank.

CONSENT

I, _____ (PRINT NAME), give my consent for the Bank of Commerce to request and obtain a consumer credit report regarding me in accordance with the Fair Credit Reporting Act, and any applicable state law. I understand that a consumer credit report may contain information pertaining to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I also understand that the consumer credit report may contain information relating to my criminal record or history.

Signed: _____ Dated: _____

Please complete the following:

Alias Names (including all married names): _____

Date of Birth: _____

Social Security Number: _____