



## Application for Employment

**American Perspective Bank (“APB”)** is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, citizenship, ancestry, gender, national origin, age, mental or physical disability, marital or veteran status, medical condition, pregnancy, sexual orientation, or any other legally protected status.

**ACCEPTANCE OF THIS APPLICATION DOES NOT IMPLY OR INDICATE THAT THE APPLICANT WILL BE HIRED.**

**RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION. HOWEVER, RESUMES MAY BE ATTACHED TO THIS APPLICATION.**

*Please type or print in ink.*

POSITION APPLIED FOR	
Title	Date of Application
Location(s)	Salary Desired (specify hourly or annual) Hourly:
	Annual:
Employment Type Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other (specify)	Date Available For Work:
Are there any hours or days you cannot or will not work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list:	
How did you hear about us?	
<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> APB Director (Name:        )
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> APB Employee (Name:        )
<input type="checkbox"/> Recruiter	<input type="checkbox"/> Walk-In
<input type="checkbox"/> APB Internet Site	<input type="checkbox"/> School
<input type="checkbox"/> Internet Job Posting Site	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Friend	

APPLICANT INFORMATION					
Last Name		First Name		Middle Name	
Please identify any other names used with respect to previous employment or public records (list names only, no explanation necessary).					
Current Address: Street		Unit #	City	State	Zip
Home Telephone Number ( ) -		Cellular Telephone Number ( ) -		Social Security Number: - -	
Are you at least 18 years of age?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are under 18 years of age, can you provide required proof of your eligibility to work?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If yes, provide date(s):				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? If yes, provide date(s): From:                      To:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any relatives currently employed by us?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you, after employment, submit verification of your legal right to work in the United States?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodation?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, describe the functions that cannot be performed:					
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. Hire may be subject to passing a medical examination and subject to skill and agility tests.)					
Have you ever been discharged or asked to resign from employment?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:					
Are you currently on "lay off" status and subject to recall?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a position requires travel?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you within the last two years been convicted of a misdemeanor?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Convictions for marijuana related offenses that are more than two years old need not be listed. A conviction will not necessarily disqualify an applicant from employment.					
Are you currently out on bail or on your own recognizance pending trial?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above three questions, please explain.					

**PREVIOUS ADDRESSES**

Please provide your previous addresses for the last 5 years and the dates that you lived there.

From: Street	To:	Unit #	City	State	Zip Code
From: Street	To:	Unit #	City	State	Zip Code
From: Street	To:	Unit #	City	State	Zip Code
From: Street	To:	Unit #	City	State	Zip Code

**EDUCATION**

	Name and Location of School	Number of Years Completed	Did You Graduate?	Subjects Studied and / or Diploma Received
High School				
Junior College				
College / University				
Graduate				
Trade School				
Other education:				

## SKILLS

Please indicate your experience and skills with the following:

<input type="checkbox"/> PC / Laptop	<input type="checkbox"/> <b>MS Excel</b> <input type="checkbox"/> Expert <input type="checkbox"/> Medium <input type="checkbox"/> Beginner
10 Key: <input type="checkbox"/> Touch <input type="checkbox"/> Sight	<input type="checkbox"/> <b>MS Word</b> <input type="checkbox"/> Expert <input type="checkbox"/> Medium <input type="checkbox"/> Beginner
<input type="checkbox"/> PDA	<input type="checkbox"/> <b>MS PowerPoint</b> <input type="checkbox"/> Expert <input type="checkbox"/> Medium <input type="checkbox"/> Beginner
<input type="checkbox"/> Typing WPM:	<input type="checkbox"/> <b>MS Outlook</b> <input type="checkbox"/> Expert <input type="checkbox"/> Medium <input type="checkbox"/> Beginner
<input type="checkbox"/> Shorthand WPM:	<input type="checkbox"/> <b>MS Windows</b> <input type="checkbox"/> Expert <input type="checkbox"/> Medium <input type="checkbox"/> Beginner
<input type="checkbox"/> Other:	<input type="checkbox"/> <b>MS Internet Explorer</b> <input type="checkbox"/> Expert <input type="checkbox"/> Medium <input type="checkbox"/> Beginner
<input type="checkbox"/> Other:	<input type="checkbox"/> <b>MS Access</b> <input type="checkbox"/> Expert <input type="checkbox"/> Medium <input type="checkbox"/> Beginner

Please describe any job related training, skills, and qualifications acquired from past employment or experience that you feel make you especially suited for the position for which you are applying.

## LANGUAGES

If you are applying for a customer contact position, please indicate any language(s), other than English, that you speak, read, or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

## EMPLOYMENT HISTORY

List all employment for the last ten years. Start with your present or most recent position. Include any military service assignments.

Employer:	<u>Dates Employed</u>	
Job Title:	From:	To:
Street Address:	<u>Hourly Rate / Annual Salary</u>	
City, State, and Zip Code:	Start:	End:
Telephone Number(s): ( ) -	May we contact?	
Supervisor's Name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason For Leaving:	Name While There:	
Work Performed / Specific Duties:		

Employer:	<u>Dates Employed</u>	
Job Title:	From:	To:
Street Address:	<u>Hourly Rate / Annual Salary</u>	
City, State, and Zip Code:	Start:	End:
Telephone Number(s): ( ) -	May we contact?	
Supervisor's Name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason For Leaving:	Name While There:	
Work Performed / Specific Duties:		

Employer:	<u>Dates Employed</u>	
Job Title:		
Street Address:	<u>Hourly Rate / Annual Salary</u>	
City, State, and Zip Code:		
Telephone Number(s): ( ) -	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name:		
Reason For Leaving:	Name While There:	
Work Performed / Specific Duties:		

Employer:	<u>Dates Employed</u>	
Job Title:		
Street Address:	<u>Hourly Rate / Annual Salary</u>	
City, State, and Zip Code:		
Telephone Number(s): ( ) -	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name:		
Reason For Leaving:	Name While There:	
Work Performed / Specific Duties:		

Employer:	<u>Dates Employed</u> From:                      To:	
Job Title:		
Street Address:	<u>Hourly Rate / Annual Salary</u> Start:                      End:	
City, State, and Zip Code:		
Telephone Number(s): (    ) -	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name:		
Reason For Leaving:	Name While There:	
Work Performed / Specific Duties:		

Employer:	<u>Dates Employed</u> From:                      To:	
Job Title:		
Street Address:	<u>Hourly Rate / Annual Salary</u> Start:                      End:	
City, State, and Zip Code:		
Telephone Number(s): (    ) -	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name:		
Reason For Leaving:	Name While There:	
Work Performed / Specific Duties:		

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

## PROFESSIONAL REFERENCES

Please list persons not related to you who have knowledge of your professional qualifications.

Last Name		First Name		Occupation	
How does this person know you?				Years Acquainted:	
Current Address: Street		Unit #	City	State	Zip Code
Home Telephone Number ( ) -	Cellular Telephone Number ( ) -	E-mail Address: @ .			

Last Name		First Name		Occupation	
How does this person know you?				Years Acquainted:	
Current Address: Street		Unit #	City	State	Zip Code
Home Telephone Number ( ) -	Cellular Telephone Number ( ) -	E-mail Address: @ .			

Last Name		First Name		Occupation	
How does this person know you?				Years Acquainted:	
Current Address: Street		Unit #	City	State	Zip Code
Home Telephone Number ( ) -	Cellular Telephone Number ( ) -	E-mail Address: @ .			

**ADDITIONAL INFORMATION**

Please list any professional or trade organizations of which you have been or are a member, and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or any other legally protected status.

Please list any community or non-profit organizations of which you have been or are a member, and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or any other legally protected status.

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

## APPLICANT'S STATEMENT

I hereby certify that the information contained in this employment application is true and correct to the best of my knowledge. I agree to have any of the statements herein checked by APB unless I have indicated to the contrary. I authorize my employers, schools, and the references listed above, and all third persons referred by these sources, to provide APB with any and all information concerning my employment, education, and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability or claims for any damages whatsoever that may result from furnishing such information to APB as well as from the use of disclosure of such information by APB or any of its employees, agent, or representatives. I understand that any misrepresentation, falsification, or material omission of information in this application may result in failure to receive an offer of employment or, if I am hired, in my dismissal from employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or by a contract executed by an authorized executive of APB, any employment relationship with APB is of an "at will" nature. This means that the employee may resign at any time and that APB may discharge the employee at any time, with or without cause, and with or without prior notice. I further understand 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 APB.

I acknowledge that APB is committed to maintaining a drug free workplace. This commitment entails pre-employment drug testing, as a condition of employment, and post-employment drug testing as permitted by applicable law.

I understand that as a condition of employment, I will be photographed, and must provide satisfactory proof of my identity and my legal right to work in the United States.

I understand and acknowledge that should I be offered employment with APB, it will be contingent upon an acceptable consumer credit report approved by a designated APB representative and background screening (which may include fingerprinting). I hereby authorize APB to obtain my consumer credit report.

I agree that, if employed, I will abide by all policies and procedures established by APB.

Applicant's Signature

Date

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Applicants are encouraged to retain a copy of their completed employment application.

If you would like to receive a copy of your consumer credit report, please indicate below. The consumer credit report is provided at no cost to you and is mailed to your current address listed on this employment application.

Yes, I would like a copy of my consumer credit report.