

Application for Employment

Please Print

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

Position(s) applied for _____ Date of application _____ / ____ / ____
 Name _____ Social Security # _____ - ____ - ____

Address _____
 Last First Middle

Street City State Zip Code
 Telephone # (____) ____ - ____ Mobile/Beeper/Other Phone (____) ____ - ____ E-mail _____

If you are under 18, and it is required, can you furnish a work permit?..... Yes No
 If **no**, please explain _____

Have you ever been employed here before? If **yes**, give dates and positions _____ Yes No

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

Date available for work _____ / ____ / ____ What is your desired salary range?..... \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Driver's license number is driving may be required in position for which you are applying _____ State

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 _____

Employment History

Starting with your most recent employer, provide the following information

Employer	Telephone # (____) ____ - ____	Date Employed: _____ / ____ / ____ To _____ / ____ / ____	
Street Address _____ City _____ State _____		Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per _____
Starting Job Title/Final Job Title _____ / _____		Compensation (Final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per _____
Immediate Supervisor and Title _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Compensation	\$ _____
Why did you leave? _____			
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? _____			
Employer	Telephone # (____) ____ - ____	Date Employed: _____ / ____ / ____ To _____ / ____ / ____	
Street Address _____ City _____ State _____		Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per _____
Starting Job Title/Final Job Title _____ / _____		Compensation (Final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per _____
Immediate Supervisor and Title _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Compensation	\$ _____
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Employer	Telephone # (____) ____ - ____	Date Employed: _____ / ____ / ____ To _____ / ____ / ____	
Street Address _____ City _____ State _____		Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per _____
Starting Job Title/Final Job Title _____ / _____		Compensation (Final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ Per _____
Immediate Supervisor and Title _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Compensation	\$ _____
Why did you leave? _____			
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? _____			

Skills and Qualifications

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

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

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

Educational Background

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

School (include city and state)	Years Completed	Completed	GPA Class Rank	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 _____		

References

List names and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three schools or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	Number of Years Known
			()	
			()	
			()	

Applicant Statement

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

I expressly authorize, without reservation, FirstAtlantic FSB, 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, resume or job interview. I hereby waive any and all rights and claims I have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state to 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 this employer and still wish to be considered for employment, it will be necessary 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 without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and 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 agreement contrary to the foregoing express language are valid unless they are 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 authority 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) cancel further consideration for employment, or (ii) immediately discharge me 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** ____/____/____

CREDIT REPORT NOTIFICATION

This is to advise you that a routine investigative **credit report** may be made whereby information is obtained through MAF Background Screening and/or Equifax Credit Information Services. This may include information pertinent to bank accounts, loans, mortgages, or lines of credit.

CREDIT REPORT AUTHORIZATION

In making this application for employment, I understand that a routine investigative **credit report** may be obtained.

If an adverse action is based on information obtained in my credit report, I have rights under the Fair Credit Reporting Act. I will be provided with a free copy of my credit report.

I authorize you to release any information requested by FirstAtlantic FSB to assist in an evaluation of my financial standing for employment purposes.

Social Security Number: _____

Date of Birth: _____

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

AGREEMENT

PLEASE READ CAREFULLY AND SIGN BELOW

- A. I freely and voluntarily agree to submit to a urinalysis/blood alcohol test (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis/blood alcohol test, or failure to qualify according to the minimum standards established by the company for this screen, may disqualify me from further consideration for employment. I further understand that upon commencement of employment with the company I may again be required to submit to a urinalysis/blood alcohol test. I understand that refusal to take a requested urinalysis/blood alcohol test, or failure to meet the minimum standards set for the screen, may result in immediate suspension or discharge.
- B. In making this application for employment, I understand that a routine investigative report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

Affirmative Action Voluntary Information (Completion of information below is voluntary)

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligation with may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for _____ Date / / _____

Referral Source

- Walk-in
- Government Employment Agency
- Private Employment Agency
- Employee
- Relative
- School
- Advertisement- Source _____
- Other _____

Name of person who refereed you (if applicable) _____

Applicant Information

Name _____ Telephone # () _____
Last First Middle

Address _____
Street City State Zip Code

Please check all that apply in the following Equal Employment Opportunity Identification Groups:

- Male
- Female
- White (Not of Hispanic Origin)
- Black Or African American
- Hispanic or Latino
- Native Hawaiian/Pacific Islander
- Asian
- American Indian/Alaska Native

You are invited to identify yourself as a disabled veteran, veteran of the Vietnam Era, or disabled individual. This information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. This information will be used only for affirmative action purposes. It is not used or considered in the selection process and is filed separately from the application.

To qualify as a Disabled Veteran, You Must be:

A veteran entitled to compensation for a disability rated at 30% or more, or a person who was discharged or released from active duty because of a service connected disability.

To qualify as a Veteran of the Vietnam Era, You Must Be:

A Veteran who served on active duty for more than 180 days (any part of which occurred during the Vietnam Era), and who was discharged with other than dishonorable discharge or with a service-connected disability.

The Vietnam Era is defined by federal regulations as August 5, 1964 to May 7, 1975.

If you do qualify, which of the following do you qualify for?

Disabled Veteran

Vietnam Era Veteran

To qualify as a disabled individual, you must:

1. **Have a physical or mental impairment, which substantially limits one or more life activities (including employment).**
2. **Have a record of such impairment, or**
3. **Be regarded as having such impairment.**

Do you qualify as a disabled individual? Yes No

A physical or mental impairment will not be a bar to employment, assuming reasonable accommodations can be made.

This information is for compliance reporting only. It will be removed from your application prior to review and is not considered in the employment process

For Administrative Use Only			(Please Do Not Insert Any Information Into the Fields Below!)		
Position(s) Applied for	<input type="checkbox"/> Available	<input type="checkbox"/> Not Available			
Other positions considered for					
Hired	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Position hired for				Date of Hire ____ / ____ / ____	
From the EEO job classifications listed below, which one best describes the position filled?					
<input type="checkbox"/> Officials and Managers	<input type="checkbox"/> Sales Workers		<input type="checkbox"/> Operatives (semi-skilled)		
<input type="checkbox"/> Professionals	<input type="checkbox"/> Office and Clerical Workers		<input type="checkbox"/> Laborers (unskilled)		
<input type="checkbox"/> Technicians	<input type="checkbox"/> Craft Workers (skilled)		<input type="checkbox"/> Service Workers		
Notes					
Completed by				Date: ____ / ____ / ____	

