



# Application for Employment

Name \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Month Day Year

Address \_\_\_\_\_  
Street City State Zip

Telephone # ( ) - - Alternate # ( ) - - E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Location \_\_\_\_\_

Employment type: .....  Full-Time  Part-Time  Temporary  Educational/Internship

Date Available for work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired Salary range: \$ \_\_\_\_\_ per \_\_\_\_\_

Referral Source (How did you hear about us?) \_\_\_\_\_

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?.....  Yes  No

-If yes, give dates and position(s) held: \_\_\_\_\_

Is this application a request for re-employment following an extended military leave of absence from this company?.....  Yes  No

-If yes, additional information may be requested.

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

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 an accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law .....  Yes  No  Need More information to respond

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? Minnesota applicants are not required to answer. This may be addressed at a later stage to the extent permitted by law.....  Yes  No

Answering "yes" and providing details 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.

If yes, please provide date(s) and details: \_\_\_\_\_

## 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		Starting Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Starting Job Title/Final Job Title		Commission/Bonus/Other Compensation \$ _____
Immediate Supervisor and Title (Most recent Position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Final Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Why did you leave?	Email:	Commission/Bonus/Other Compensation \$ _____
Summarize the type of work performed and job responsibilities.		
Employer	Telephone # ( )	Dates Employed: Month / Year to Month / Year
Street Address City State		Starting Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Starting Job Title/Final Job Title		Commission/Bonus/Other Compensation \$ _____
Immediate Supervisor and Title (Most recent Position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Final Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Why did you leave?	Email:	Commission/Bonus/Other Compensation \$ _____
Summarize the type of work performed and job responsibilities.		
Employer	Telephone # ( )	Dates Employed: Month / Year to Month / Year
Street Address City State		Starting Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Starting Job Title/Final Job Title		Commission/Bonus/Other Compensation \$ _____
Immediate Supervisor and Title (Most recent Position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Final Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Why did you leave?	Email:	Commission/Bonus/Other Compensation \$ _____
Summarize the type of work performed and job responsibilities.		

## 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)

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  E-mail \_\_\_\_\_ Years: \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

## Educational Background

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

School (Include City & 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 numbers of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to you	Telephone	E-mail	# of Years Known

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with American Federal Bank 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, resume 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 persons, corporations or organizations for furnishing such information about me.

I understand American Federal Bank is a smoke free work place, and prohibits smoking, including the use of tobacco products, including electronic smoking devices, on its property, and no nearer than 20 feet from any entrance, exit, windows, air intakes, and ventilation systems.

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 application from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for 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 bank 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.

**American Federal Bank does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. We do not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. We take all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

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 eliminate me from further consideration from employment, or may result in my immediate discharge, whenever 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 Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_