

8. Education

High School

<p>_____ Diploma of Equivalent Certification</p> <p>_____ None</p> <p>_____ If "None", enter the highest grade completed. _____</p>	<p>Name & Address Of High School Awarding Diploma or Equivalency Certificate</p> <hr/> <p>School Name</p> <hr/> <p>Street</p> <hr/> <p>City _____ State _____</p>
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College/University

College or University Name & Location	Dates Attended	Credit Hrs Earned	Degrees Received	Date of Degree	Major Field	Minor Field

Other School or Training Courses Which Help You Qualify

School/Training Name & Location	Dates Attended	Did you Complete	Title/Description of Course	Total Hours

9. List Professional License, Registration, Or Certificates (CPA, etc.)

Name & Complete Address of Licensing Agency	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

10. Special Skills – Check the skills you possess and specify speed/errors where requested.

- _____ Typing _____ / _____
- _____ Data Entry _____ / _____
- _____ Shorthand _____ / _____
- _____ Ten-Key By Touch _____ / _____
- _____ Medical Terminology _____
- _____ Legal Terminology _____
- _____ Computer Language(s) (Specify) _____
- _____ Other (Specify) _____

11. Equipment – List types of equipment you can operate and specify name or model you have used (e.g. word processor, computer, etc.)

12. Experience

Begin with your present or most recent job and list your work experience with an emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the blocks below are not an adequate amount of space, you may respond to this section on a separate piece of paper if all questions in the blocks are answered and the same format is followed. **This information must be completed even if a resume is submitted.**

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer? _____ Yes _____ No

	____ / ____ to ____ / ____	
Employer Name	Dates Employed	Highest Salary
Street	Full Time	Part Time
City	State	Zip Code
	Phone Number	# Of Employees Supervised
Describe your duties (knowledge, skills, abilities required, employees supervised, accomplishments)		
Reason for Leaving:		

	____ / ____ to ____ / ____	
Employer Name	Dates Employed	Highest Salary
Street	Full Time	Part Time
City	State	Zip Code
	Phone Number	# Of Employees Supervised
Describe your duties (knowledge, skills, abilities required, employees supervised, accomplishments)		
Reason for Leaving:		

Employer Name	___ / ___ to ___ / ___ Dates Employed	Highest Salary
Street	_____ Full Time	_____ Part Time
City	_____ State	_____ Zip Code
_____ Phone Number		_____ # Of Employees Supervised
Describe your duties (knowledge, skills, abilities required, employees supervised, accomplishments)		
Reason for Leaving:		

Employer Name	___ / ___ to ___ / ___ Dates Employed	Highest Salary
Street	_____ Full Time	_____ Part Time
City	_____ State	_____ Zip Code
_____ Phone Number		_____ # Of Employees Supervised
Describe your duties (knowledge, skills, abilities required, employees supervised, accomplishments)		
Reason for Leaving:		

Employer Name	___ / ___ to ___ / ___ Dates Employed	Highest Salary
Street	_____ Full Time	_____ Part Time
City	_____ State	_____ Zip Code
_____ Phone Number		_____ # Of Employees Supervised
Describe your duties (knowledge, skills, abilities required, employees supervised, accomplishments)		
Reason for Leaving:		

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires employers to “make and keep records relevant to the determinations of whether unlawful practices have been or are being committed.” This is also a requirement of Montana Human Rights Act. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of this information you and others provide will be used to monitor recruitment and selection practices of the employer.

Job Applied For

Name: _____ Job Title: _____
 Social Security Number: _____ Location: _____
 Date of Birth: ___ / ___ / ___ _____ Male _____ Female

How did you first learn about this position?

- _____ Newspaper Ad or Journal
 _____ Friend
 _____ Job Service
 _____ Community Organization
 _____ Other

Race/Ethnicity

Please place an 'X' on the line that best describes your race/ethnicity:

- _____ **White (Not of Hispanic Origin)**
 A person having origins in one of the original peoples of Europe, North Africa, or the Middle East.
- _____ **Black (Not of Hispanic Origin)**
 A person having origins in one of the black racial groups of Africa.
- _____ **Spanish (Hispanic)**
 A person having origins in Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Cultures, regardless of race.
- _____ **Asian or Pacific Islander**
 A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. The area includes, for example, China, India, Japan, Korea, the Philippines, and Samoa.
- _____ **American Indian or Alaskan Native**
 A person having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

15. Employment Disclosure

	Yes	No
a. Have you ever had any bond coverage modified or revoked, or has any application for a Bond ever been declined?	_____	_____
b. Have you been convicted of, or pled guilty or nolo contendere (no contest), in a domestic or foreign court to any felony or misdemeanor (excluding minor traffic violations)?	_____	_____
c. Are you presently the subject of any criminal action investigation or proceeding?	_____	_____
d. Has any organization over which you exercised management or policy control, ever been convicted of any misdemeanor or felony act during or as a result of your employment?	_____	_____
e. Have you ever had any insurance or securities license suspended or revoked?	_____	_____

NOTE: A positive response to any or all of the above questions is not an automatic bar to employment. All circumstances will be considered.

IF YOU HAVE ANSWERED "YES" TO ANY QUESTION ABOVE, PLEASE PROVIDE A FULL EXPLANATION ON A SEPARATE ATTACHMENT TO THIS APPLICATION.

Agreement of Applicant

****PLEASE READ CAREFULLY BEFORE SIGNING****

I certify that the statements I have made on this application, and on any attached materials (resume, cover letter, transcripts, etc.) are true. I agree to hold harmless New Jersey Community Bank against all actions, proceedings, liabilities, damages, loss, cost and expenses, including legal fees, that it may sustain or become liable for by reason of any dishonesty on my behalf.

I ALSO UNDERSTAND THAT:

1. Should my circumstances change such that any of the answers given by me on this application are no longer accurate or true, then I shall notify New Jersey Community Bank of such change. Failure to do so may result in the termination of my employment.
2. I grant permission to the employer, insurer, or their agents, to collect such additional information about me as may be necessary to review and fully verify the information on this application or any attachments. Information may be obtained from such sources as: law enforcement agencies (municipal, county, state, federal, and foreign), current and former employers, governmental agencies, and references.
3. I further represent and warrant that I have not concealed or failed to disclosure any facts, and that falsification of any statement made by me is grounds for disqualification from further consideration or for immediate dismissal from employment. All offers of employment will be contingent upon successful completion of all screening checks for the position in question.
4. In the event that I am hired, and it is later discovered by 1st Liberty FCU that any of the answers given are untrue or inaccurate, the insurer at it's option may cancel my bond and/or 1st Liberty FCU may terminate my employment.
5. Pursuant to the Fair Credit Reporting Act, I am hereby given notice that an investigative consumer report may be made. I have a right within a reasonable period of time to request in writing, a complete and accurate disclosure of the nature and scope of any investigation requested.
6. I understand that receipt of this application by New Jersey Community Bank does not guarantee a job interview or offer of employment.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED

Applicant's Signature

Date

DISCLOSURE

Please take Notice that a Consumer Credit Report and Criminal History Report may be obtained for employment purposes on all existing and prospective employees.

I, _____, acknowledge the receipt of this disclosure.

Applicant's Signature

Date

CONSENT TO OBTAINING CONSUMER CREDIT REPORT AND CRIMINAL HISTORY REPORT

I, _____, authorize New Jersey Community Bank to procure a Consumer Credit Report and Criminal History Report regarding me for employment purposes.

Maiden Name: _____ (If applicable)

Current Address

City

St

Zipcode

Previous Address

City

St

Zipcode

Social Security #

Date of Birth

***Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.**

Applicant's Signature

Date

