

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment?

When could you start work? _____

Last Name

First Name

Middle Name

Telephone Number

Present Street Address

City

State

Zip Code

Are you 18 years of age or older?

Yes No

(If you are hired, you may be required to submit proof of age.)

Social Security # (Optional) _____

If hired, can you furnish proof you are eligible to work in the U.S.?

Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain _____

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: _____ _____ _____		
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

How many days of work have you missed during the past year?
(Exclude absences due to disability or those covered by FMLA.) _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details _____

List professional, trade, business or civic activities and offices held.
(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
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City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Pay
	Start \$ Final \$
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Duties	

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.



BANK OF COMMERCE

Third & Buffalo P.O. Box 50
Rawlins, Wyoming 82301
(307) 324-2265 (800) 934-4507
Rawlins Only Home Owned Bank

EMPLOYMENT INQUIRY RELEASE

In consideration for employment with BANK OF COMMERCE, on our behalf, Factual Data may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employment.

In compliance with the Americans With Disabilities Act, only after a contingent offer or employment is offered, will your worker's compensation history be investigated for the purpose of making certain that you are not hired for a position or assigned a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from Factual Data and, in that event, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act".

Please complete and sign the form which follows, authorizing, without reservation, any party, including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Factual Data to furnish any or all of the above listed information. Your authorization releases Factual Data from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Factual Data the above mentioned information as requested, in order to successfully complete a background investigation. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

For your records, a copy of this completed notice that a consumer report may be obtained for employment purposes will be provided. Please retain it for your records.

PRINT FULL NAME _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____ *

STREET ADDRESS _____

CITY, STATE, ZIP _____

PRIOR ADDRESS _____

CITY, STATE, ZIP _____

DRIVERS LICENSE # _____ STATE _____

APPLICANT SIGNATURE _____ DATE _____

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes. **factual Docs FCRAE01. 06-01-00**



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