



Employment Application

PERSONAL INFORMATION

<i>Job Applied For</i>		<i>Date</i>	
<i>Name (Last, First, Middle Initial)</i>		<i>Social Security No.</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Are you 18 Years or Older? If not, can you submit a work permit?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Phone</i>	
<i>Status or disposition of applicant (For Office Use Only)</i> <hr/>			

APPLICATION FOR EMPLOYMENT

DESIRED EMPLOYMENT

What Position Or Type Of Work Are You Seeking?	If Hired, When Will You Be Available To Start?	Salary Desired
Are You Employed Now?	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied To This Company Before?	Where?	When?
Are You Interested In: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	What Days and Hours are you willing to work?	Can you work overtime if required?
Who Referred You To This Company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In <input type="checkbox"/> Other _____		

EDUCATION

School Level	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Describe any job related specialized training, apprenticeship, skills and extra-curricular activities: <i>(Please do not include any information that would reveal a protected class status)</i>
List any job-related professional or technical organizations to which you belong: <i>(Please do not include any information that would reveal a protected class status)</i>

FORMER EMPLOYERS List Last Three Employers, Starting With The Most Recent One First.

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Name of Supervisor	Title	Phone	
May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Work			
Reason For Leaving			

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Name of Supervisor	Title	Phone	
May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Work			
Reason For Leaving			

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Name of Supervisor	Title	Phone	
May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Work			
Reason For Leaving			

SPECIALIZED SKILLS *Check Skills/Equipment Operated*

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Word For Windows | <input type="checkbox"/> WordPerfect | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Desktop Publishing | _____ |
| <input type="checkbox"/> Powerpoint | <input type="checkbox"/> 10-Key | _____ |

REFERENCES

Name	Address	Business & Phone	Years Acquainted

Have you been convicted of a felony or (within the last five years) a misdemeanor which resulted in imprisonment? Note: The existence of a criminal record does not create an automatic bar to employment.
 No Yes-Explain:

Is there any reason why you cannot perform the requirements of the job for which you are applying?
 No Yes

Is there any reason you may not be able as is required by the company, to attend work on a regular basis or be to work on time? No Yes-Explain:

Can you, if employed submit verification of your legal right to work in the United States?
 Yes No

APPLICANT'S STATEMENT

"I certify that the facts contained in this application and any accompanying resume are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application or resume may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that the company shall not be liable in any respect if my employment is so denied or terminated.

I authorize investigation and verification of all statements contained herein and the references and former employers and employees to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise to include credit history, education, employment verification, personal references and criminal records. I release the company from all liability for any damage that may result from receiving and/or using such information.

I hereby understand and acknowledge that, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause or notice. It is further understood 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 this organization. I also understand that this application and any employee manuals or handbooks that may be distributed to me shall not be construed or relied upon as a contract.

 Signature of Applicant

 Date

VOLUNTARY SURVEY

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, disability, or any other legally protected status.

As an employer subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations, we invite employees to voluntarily self-identify their race or ethnicity in order to comply with these laws. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Current Job Applying For or Employee Name:

Date:

Check One: Male Female

Check One Of The Following: (Ethnic Origin)

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Check If Any Of The Following Are Applicable:

- Vietnam Era Veteran Special Disabled Veteran Newly Separated Veteran
- Other Protected Veteran Disabled Individual

Disclosure and Authority to Release Information

I understand that in processing my application with Redstone Bank, an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed: My current employer may be contacted Yes No

I authorize the appropriate individuals, companies, institutions, or agencies to release information and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Redstone Bank from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Report Act" to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials Incorporated, 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934. I may also obtain a copy of this report by checking the "YES" box below.

I would like a copy of any report regarding me. Yes No

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name	Legal First Name	Legal Middle Name
-----------------	------------------	-------------------

Street Address

City	State	Zip Code
------	-------	----------

Please list any additional addresses you have lived, worked, and attended schools in during the past 7 years (Please include the city, state, zip and county if known)

Other Name(s) Used and Date (s) Changed:

Drivers License Number	State Issued	Expiration Date
------------------------	--------------	-----------------

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT

Signature	Date
-----------	------