

APPLICATION FOR EMPLOYMENT

CENTRAL NATIONAL BANK

P. O. BOX 340
POTEAU, OKLAHOMA 74953

AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Any applicant requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Name _____ Social Security # _____

Address _____

Telephone _____ Other phone _____ E-mail _____

Position(s) applied for _____ Date of application _____

Referral Source: Walk-in Employee Government Employment Agency
 Company's Website School Advertising Other

Please name the source: _____

Best time to call you at home is _____ am/pm.

May we contact you at work? Yes No If no, please explain _____

Have you ever been employed here before? _____ If yes, give dates. _____

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

Date available for work? _____

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Type of employment desired: Full Time Part Time Seasonal

Will you travel if job requires it? Yes No

If you are under 18 and it is required, can you furnish a work permit? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position?
 Yes No

Will you work overtime if required? Yes No If no, please explain _____

Have you ever been bonded? Yes No

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 _____

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EMPLOYMENT HISTORY:

Starting with your most recent employer, provide the following information.

Employer _____ Telephone Number _____

Address _____

Dates Employed: From _____ To _____

Compensation: Beginning _____ Ending _____

Job Title: Beginning _____ Ending _____

Immediate supervisor and title _____

May we contact for a reference? Yes No If yes, list phone number _____

Summarize the job responsibilities and the type of work performed _____

Why did you leave? _____

Employer _____ Telephone Number _____

Address _____

Dates Employed: From _____ To _____

Compensation: Beginning _____ Ending _____

Job Title: Beginning _____ Ending _____

Immediate supervisor and title _____

May we contact for a reference? Yes No. If yes, list phone number _____

Summarize the job responsibilities and the type of work performed _____

Why did you leave? _____

Employer _____ Telephone Number _____

Address _____

Dates employed: From _____ To _____

Compensation: Beginning _____ Ending _____

Job title: Beginning _____ Ending _____

Immediate supervisor and title _____

May we contact for a reference? Yes No If yes, list phone number _____

Summarize the job responsibilities and the type of work performed: _____

Why did you leave? _____

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EMPLOYMENT HISTORY (CONTINUED)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on the previous page, have you ever been fired from a job? Yes No

If yes, please explain _____

SKILLS AND QUALIFICATIONS:

List any skills or special training that may assist you in performing the position for which you are applying

List computer skills _____

Have you ever written instructions or directions to be followed by employees or customers? _____

If yes, please explain _____

List special accomplishments, publications, awards, etc. (exclude information that would reveal protected status).

Is there any other job-related information you want us to know about you? _____

EDUCATION:

SCHOOL	ADDRESS	COURSE OF STUDY	NO. OF YRS. COMPLETED	DID YOU GRADUATE	GPA

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REFERENCES:

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

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE	YEARS KNOWN

ADDITIONAL INFORMATION:

Membership in professional and civic organizations: (Exclude those which may disclose your race, color, religion, age or national origin or any other similarly protected status) _____

APPLICANT STATEMENT:

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION.

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 90 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Signature

Date