



BANK OF ADVANCE
APPLICATION FOR EMPLOYMENT
 PO Box 400 | Advance, MO 63730 | (573) 722-3517

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Inquiry	
		<input type="checkbox"/> Friend	
		<input type="checkbox"/> Other _____	
Applicant Information			
Last Name		First Name	Middle Name
Street Address		City	State
			Zip Code
Phone Number(s)		Social Security Number (Voluntary)	
Best time to contact you at home is:			
<input type="checkbox"/> Morning		<input type="checkbox"/> Noon	<input type="checkbox"/> Afternoon
			<input type="checkbox"/> Evening
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date(s): _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date(s): _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relative, other than spouse, work here?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment.</i>			
Have you been convicted of a felony within the last five years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.</i>			
Can you travel if a job requires it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available to work? ____/____/____		What is your desired salary range? \$	
<input type="checkbox"/> Full=Time			
Are you available to work:		<input type="checkbox"/> Part-Time	(Please indicate: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings)
		<input type="checkbox"/> Temporary (Please indicate dates available: ____/____/____ to ____/____/____)	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School Information				
	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United States military

EMPLOYMENT EXPERIENCE

Previous Employment

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or any other protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Phone #	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Supervisor	Reason for Leaving		
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Phone #	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Supervisor	Reason for Leaving		
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Phone #	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Supervisor	Reason for Leaving		
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Phone #	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Supervisor	Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

Memberships and Offices

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check skills or list equipment operated.

		Production/Mobile Machinery (List)	Other (List)
<input type="checkbox"/> Terminal Server	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word	_____	_____
<input type="checkbox"/> Teller Cash Recycler	<input type="checkbox"/> Outlook	_____	_____
		_____	_____

Additional Qualifications and Skills

State any additional information you feel may be helpful to us in considering your application.

Job Requirements

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? Yes No

References

1	Name	Phone #
	Address	
2	Name	Phone #
	Address	
3	Name	Phone #
	Address	

APPLICANT'S STATEMENT

Acknowledgement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, 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. 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? Yes No

Interviewer:

Date:

Remarks:

Employed? Yes No

Date of Employment:

Job Title:

Department:

Hourly Rate/Salary:

By:

Name and Title

Date

Rev. 7/2019

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for is open? Yes No

Position(s) considered for:

Date:

NAME: _____ POSITION: _____ DATE: ____/____/____