



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME _____ DATE _____

First Middle Last

ADDRESS _____

Street City State Zip Code

Are you 18 years or older? YES NO

Home Phone # _____ Mobile Phone # _____ Social Security # _____

Are you legally able to work in the U.S.A.? YES NO If hired, you will be required to show that you are authorized to work in the U.S. and to furnish proof of this within 3 days of hire on an I-9 form. Can you do this? YES NO

Salary Requirements \$ _____ If the job needs one, I have a current valid driver's license? YES NO

Have you ever been convicted of felony? (you are not obligated to disclose sealed or expunged records of convictions) YES NO

If yes, please describe convictions: _____

_____ (convictions may not stop you from being eligible for hire)

Have you signed a non-compete agreement or employment contract which is still in effect at your current/prior employer(s)?

YES NO. If yes, describe the terms or restrictions: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

I desire to work: FULL-TIME PART-TIME TEMPORARY

I PREFER to work what shift(s)? DAY SHIFT EVENING SHIFT NIGHT SHIFT ANY SHIFT

Are you employed now? YES NO If yes, may we inquire of your current employer? YES NO

EDUCATION	NAME OF SCHOOL	LOCATION	# YEARS	GRAD?	DEGREE NAME
HIGH SCHOOL					
UNIVERSITIES/ COLLEGES					
TRADE, BUSINESS & OTHER SCHOOLS					

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

EMPLOYER _____	DATES EMPLOYED		Summarize the job performed
ADDRESS _____	From	To	
JOB TITLE _____			
SUPERVISOR NAME _____ PHONE # _____	Hourly Rate/Salary		
REASON FOR LEAVING _____	\$	Per	

REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Phone #	Years known
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Name	Address	Phone #	Years known
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PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all the information submitted by me on this application is true, correct and complete. I understand that if any false information, omissions, or misrepresentations on this form or provided in any interview are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules, regulations and Supervisor's directions. I understand that this Application for Employment and other Company documents are **not** contracts of employment. I agree that if I am employed, my employment is at-will, and that my employment, compensation or benefits can be changed or terminated, with or without cause or reason, and with or without notice, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause or reason, and with or without notice, at any time by the company. I understand that no company representative, other than the President, and then only in writing and signed by both of us, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing. I further authorize the Company to investigate my references, personal history, work record, and other matters related to my suitability for employment, as well as a criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any and all claims, demands or liability arising out of or in any way related to such investigation or disclosure. I understand that if hired, I may be required to pass a criminal history records check. Also, if required, I agree to complete, fully participate in and pass a drug and/or alcohol test. Please note that this application is considered current for thirty (30) days. After 30 days, it is necessary to complete another application form in order to be considered for employment.

Applicant's Signature _____ Date Signed _____

In consideration of my employment, I give Town Center Bank my permission to obtain a consumer credit report.

Applicant's Signature _____ Date Signed _____