



APPLICATION FOR EMPLOYMENT

Please read this application carefully before completing

EQUAL OPPORTUNITY EMPLOYER

bankcda does not discriminate in hiring or during employment on the basis of race, color, religion, national origin, sex, age, disability, veteran or current military status. No questions on this application are intended to secure information that could be used for such discrimination. PLEASE NOTE: IN KEEPING WITH BANKCDA'S COMMITMENT TO PROVIDE A HEALTHY AND COMFORTABLE ENVIRONMENT FOR ALL EMPLOYEES, SMOKING IS PROHIBITED AT ALL BANKCDA FACILITIES. This information is voluntarily provided and will be kept confidential. Refusal to provide it will not subject the applicant or employee to any adverse treatment and will be used only in accordance with the Acts and Regulations. This application will be given every consideration, but its receipt does not imply employment. Each section and question must be fully and accurately answered. No action will be taken on an incomplete application.

(Last Name)		(First)		(Middle)		Telephone Number ()		
Address			City		State		Zip Code	County
Other Names Under Which You Have Worked		Are you age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available for Work		Salary Requirement		
Can you perform the duties of the job for which the application is being submitted with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a legal right to remain in the U.S.A. <input type="checkbox"/> Yes <input type="checkbox"/> No Offer of employment contingent upon satisfaction of Citizenship or Visa.				
Position Applied For (please be specific)		Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer Seasonal			What hours are you willing to work?			
Have you previously been employed by bankcda? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when? Starting: Ending:		Indicate if Under a Different Name			
Do you have any relatives working for bankcda? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Relative				Relationship		
Have you ever been convicted of any criminal offense (including but not limited to, robbery, embezzlement, forgery, perjury, tax evasion, ect.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.								
Please indicate training for experience with the following (if applicable to a position you would accept).								
<input type="checkbox"/> Typing Speed _____ wpm		<input type="checkbox"/> Switchboard/Telephone		Software Experience		<input type="checkbox"/> WordPerfect		
<input type="checkbox"/> Dictaphone		<input type="checkbox"/> Data Entry		<input type="checkbox"/> MS Windows		<input type="checkbox"/> Lotus 1-2-3		
<input type="checkbox"/> Proof Machine		<input type="checkbox"/> Personal Computer		<input type="checkbox"/> MS Word		<input type="checkbox"/> Other _____		
<input type="checkbox"/> 10-Key Calculator		<input type="checkbox"/> Other _____		<input type="checkbox"/> MS Excel		_____		

EMPLOYMENT INFORMATION

In the spaces below, please list your employers for a minimum of the past ten years, starting with the most recent. Include self-employment, summer and part-time jobs, and military service, if applicable. List any periods of unemployment, and give the reason. All information should be included, even if a resume is attached.

Employment Dates From mo / yr To mo / yr	Name of Employer	Telephone No. ()	Salary	Position/Duties	Supervisor
	Address of Employer				Reason for leaving
	Address of Employer				Reason for leaving
	Address of Employer				Reason for leaving
	Address of Employer				Reason for leaving

If presently employed, why do you desire to change employment?

If presently employed, may we contact your current employer? Yes No

EDUCATION

Please indicate your educational background.

High School _____ City, State _____ Did you graduate? _____

College _____ City, State _____ Did you graduate? _____ Major _____ Degree _____

Other College or Technical School _____ City, State _____ Did you graduate? _____ Major _____ Degree _____

PERSONAL REFERENCES

Please do not include relatives or former employers.

Name	Address	Telephone No. ()
Name	Address	Telephone No. ()

PLEASE READ BEFORE SIGNING:

I understand that bankcda may require fingerprinting, drug testing, a photograph, or a medical examination, either prior to or during employment. I further understand that bankcda, at its expense, arranges for a surety bond for each of its employees, and I authorize bankcda to supply my employment records, in confidence, to such agency.

ADDITIONALLY, I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN BANKCDA AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE BANK UNLESS MADE IN WRITING.

I UNDERSTAND THAT, IF ANY EMPLOYMENT RELATIONSHIP IS ESTABLISHED WITH BANKCDA, MY EMPLOYMENT AS ON AN "AT-WILL" BASIS. THIS MEANS THAT MY EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT ANY TIME BY EITHER MYSELF OR BANKCDA FOR ANY REASON NOT EXPRESSLY PROHIBITED BY LAW.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. I have had an opportunity to have any questions about this statement's content and intent answered and understand its terms.

Signature

Date

This application is current for 6 months, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to complete a new application.

INFORMATION TO BE COMPLETED AT TIME OF HIRE

Emergency Contact (to be completed by Employee)			
Name	Address	Daytime Telephone #	
Relationship		Evening Telephone #	
Please Note: If the name on your Social Security Card does not match you name stated on the front of this application, please be sure to make the necessary change with the Social Security Administration, otherwise you will not receive proper FICA credit.			

To be completed by Hiring Officer / Manger					
Department or Branch		No.	Telephone Extension	Position Title	Grade
Hire Date	Hourly Rate (or) Annual Salary	Vacation Information		Schedule of Hrs _____ /wk	Managers Signature
					Date