



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 any incomplete application.

Last Name		First		Middle		Telephone Number ()	
Address			City		State	Zip	County
Other Names Under Which You Have Worked		Are you age 18 or over? <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 is contingent upon satisfaction of Citizenship or Visa.			
Have you ever been convicted of any criminal offense (including but not limited to robbery, embezzlement, forgery, perjury, tax evasion, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.							
Have you been previously employed by bankcda? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate if Under a Different Name		If yes, When? Starting mo/yr Ending mo/yr /		Do you have any relatives working for bankcda? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Relative	Relationship
Position Applied For (please be specific)				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			
Please indicate training for experience with the following (if applicable to a position you would accept) <u>Software Experience</u> <input type="checkbox"/> Typing speed ___ wpm <input type="checkbox"/> Personal Computer <input type="checkbox"/> 10-Key Calculator <input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> Other _____							
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?		Date Available to work		Salary Requirements	

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 Starting Ending mo/yr mo/yr /		Name of Employer		Address of Employer		Telephone Number ()	
		Supervisor		Position/Duties		Salary	
Reason for leaving							
Employment Dates Starting Ending mo/yr mo/yr /		Name of Employer		Address of Employer		Telephone Number ()	
		Supervisor		Position/Duties		Salary	
Reason for leaving							
Employment Dates Starting Ending mo/yr mo/yr /		Name of Employer		Address of Employer		Telephone Number ()	
		Supervisor		Position/Duties		Salary	
Reason for leaving							
If presently employed, why do you desire to change employment?							
If presently employed, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No							

EDUCATION

Please indicate your educational background

High School _____ City, State _____ Did you graduate? Yes No

College _____ City, State _____ Did you graduate? Yes No

Major _____ Degree _____

Other College or
Technical School _____ City, State _____ Did you graduate? Yes No

Major _____ Degree _____

PERSONAL REFERENCES

Please do not include relatives or former employers

Name	Address	Telephone Number ()
Name	Address	Telephone Number ()

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 IS 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
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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 Number ()
Relationship		Evening Telephone Number ()

Please Note: If the name on your Social Security Card does not match your 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 manager

Department or Branch	Telephone Number ()	Extension	Position Title	Grade	
Hire Date	Hourly Rate (or) Annual Salary	Schedule of Hrs. _____/wk	Vacation Information	Managers Signature	Date