



## Application for Employment

Date: \_\_\_\_\_

---

**PERSONAL**

---

**Full Name:** \_\_\_\_\_

First

Middle Initial

Last

**Current Address:** \_\_\_\_\_

Number

Street

City

State

Zip

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

Are you 18 years of age or older?    Yes    No    Are you a military    Yes    No  
Are you legally able to work in    Yes    No    Veteran? If Yes, Dates of  
the United States?    Active Duty: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application?

---

**EMPLOYMENT DESIRED**

---

**Job Title:** \_\_\_\_\_ **Date you can start:** \_\_\_\_\_ **Wage Desired:** \_\_\_\_\_

Are you available for work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temp \_\_\_\_\_ Seasonal \_\_\_\_\_

---

**EDUCATION**

---

**Do you have a High School Diploma or GED?**    Yes        No   

**Name of last school attended:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Circle last year of school completed:** 6 7 8 9 10 11 12 13 14 15 16 17 18

**Circle the highest degree earned:** High School Diploma GED Certificate AA BD MD PHD Other

**Area of Concentration and/or degree(s), certificates, licenses, endorsements:** \_\_\_\_\_

---

---

**Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc):**

---

---

---

**EMPLOYMENT HISTORY**

**Former Employment** (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

**Company Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number Street City State Zip

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Rate of Pay:** \_\_\_\_\_

**Detailed Job Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number Street City State Zip

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Rate of Pay:** \_\_\_\_\_

**Detailed Job Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number Street City State Zip

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Rate of Pay:** \_\_\_\_\_

**Detailed Job Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

May we contact your former employers to verify this information?

Yes No

May we contact your present employer? Yes No

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.

Please provide any additional information about your abilities or interests that makes you a good candidate for this position: \_\_\_\_\_

**I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Member F.D.I.C**  
Alison Murphy  
Sr. Director of Human  
Resources, EVP, COO  
814 4<sup>th</sup> Avenue, Grinnell, IA  
(641) 236-3174

As a prospective employee of Grinnell State Bank, I hereby give authorization to process a Credit History (Consumer Credit Report) and or a Background check.

I further understand, should I become employed by Grinnell State Bank, I authorize and acknowledge from time to time during my ongoing employment, an updated Credit History (Consumer Credit Report) may be accessed.

Grinnell State Bank also requires authorization to process a banking relationship history through Chex Systems. The Chex Systems, Inc. network is comprised of member Financial Institutions that regularly contribute information on mishandled checking and savings accounts to a central location. Chex Systems shares this information among member institutions to help them assess the risk of opening new accounts.

All education, school records, degrees and training will need to be verified as valid records.

Applicant's Signature:

Date:

Human Resources Signature:

Date:

Date of Birth:

Social Security #: