



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 a Military Veteran? Yes No

If Yes, Dates of 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

Name of last school attended: _____ **City:** _____ **State:** _____

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):

EMPLOYEMENT 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 4th 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.

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 #: