Application For Employment



AND AFFILIATED ASSOCIATIONS

AgFirst Farm Credit Bank ("AgFirst" or "the Bank") considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

You should ensure information submitted in this application is complete and accurate. Please fill out all application information. Items marked with * are required.

Name*									
	(Last)		(First)		(1)	Middle)		(Pref	erred Name)
Street Address*					C	County			
City*					S	tate*		Zip	
Personal Data	If hired, can you furnish proof that you are eligible to work in the U.S.? If no, please explain:*								
	E-mail*								
	Phone* Alternate Phone								
	Are you 18 years of age or older?* Yes No								
	Have you ever been employed in the Farm Credit System OR by a Farm Credit Institution? Yes No								
	If yes, please provide dates and locations?								
	Do you have relatives currently employed within the Farm Credit System? Yes ☐ No ☐								
	If yes, provide Name, Location and Relationship:								
	Are you an internal or external applicant?*								
	How did you hear about us?								
	exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.)								
	other protected s								
	1			1			1	Highest	1
Education		Name & Lo	ocation*	N	Major/M	inor	GPA	Completed	Type Degree Received*
and/or Training	High School*							1234	
	College or University							1234	
	Graduate School							1234	
	Trade School							n/a	
Employment Interest	Position applied for (must be stated)								
INTEREST	Date Available Location Preference Are you willing to relocate? Are you willing to travel?								
	Are you willing to		ıll Time			No □	At N		es 🛮 No 🖺
	(Check all that apply) Part Time Yes No Saturdays Yes No								
	On a Temporary Basis Yes 🗌 No 🗍 Sundays Yes 🗍 No 🗍 Overtime Yes 🗍 No 🗍								

Employment Experience

☐ 1-3 Years ☐ 3-5 Years ☐ 5-7 Years ☐ 7+ Years

Start with your present or last job (include military service assignments).

1	Employer	State	Dates Employed				
	1.1 00.1		From	То	Primary Responsibilities		
	Job Title						
	Phone	Annual B	ase Salary				
		Starting	Final				
	Reason for Leaving						
	Contact Name		Mayryya contac	t this			
	Contact Name		May we contact employer? Ye				
2	Employer State		Dates Employed				
			From	То	Primary Responsibilities		
	Job Title						
	Phone	Annual B	ase Salary Final				
	Reason for Leaving		Starting	rillai			
		reason to reaving					
	Contact Name	Contact Name					
		employer? Ye	s [No [
3	Employer	State	Dates Er	<u> </u>			
	Job Title		From	То	Primary Responsibilities		
	Job Tiue						
	Phone	Annual B	ase Salary				
		Starting	Final				
	Reason for Leaving						
	Contact Name	May we contact this employer? Yes ☐ No ☐					
4	Employer State		Dates Er				
T			From	То	Primary Responsibilities		
	Job Title						
	Phone		Annual Base Salary Starting Final				
	Reason for Leaving		Starting	rinai			
	Contact Name		May we contac	t this			
				employer? Yes [No [
If da	If you need additional space				eet of paper.		
Plea	se specify the years of related experience for the po	sition yo	u are applying	for:*			

Are you able to perform the essential functions of the job (as notated in the description/job summary for the position of which you are applying to) either with or without special accommodations?* No \square Yes \square

Terminations	Have you ever been involuntarily discharged from a job? If yes, please describe the circumstance reason:* Yes No						
Convictions	violations? (Please note that a AgFirst will consider the age a Do not include convictions th	d or pled guilty or no contest to any use a conviction will not automatically deand nature of the conviction and its use hat have been expunged)* Yes or each conviction or guilty plea.	relationship to the position sought.				
MILITARY SERVICE	Branch of Service	Active Duty From To	Rank Attained				
Professional References	Address		Phone (Daytime) Phone (Home) Zip				
	Address		Phone (Daytime) Phone (Home) Zip				
	Address		Phone (Daytime) Phone (Home)				
Applicant's Statement	City State Zip Please read the following conditions of employment and certify by placing a check in the box that you have read and understand these conditions.						
	I UNDERSTAND THAT IF I AM EMPLOYED, I WILL HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE, AND WITH OR WITHOUT CAUSE. I ALSO UNDERSTAND THAT MY EMPLOYER WILL HAVE THE SAME RIGHT.						
	This application and any material accompanying it shall become the sole property of AgFirst Farm Credit Bank.						
	This application for employment shall be considered active for a period of time not to exceed 45 calendar days, or until the job is filled. An applicant seeking to be considered for another position should submit another application.						
	My signature certifies that the statements made on this application are correct and complete. I understand that any misleading, incorrect, or false information in this application may be grounds for rejection of this application.						
	If such information is subsequently discovered, or false information is given in an interview it may be grounds for immediate termination.						
	I have read the above statement and certify this is true.						
	Signature	Date					

In your own handwriting, please explain why you feel you are the applicant we should choose for this position and why you would like to work with Farm Credit.					

AgFirst Farm Credit Bank Voluntary Self-Identification Form Survey

For statistical reporting we ask that you voluntarily provide the information below.

This voluntary survey assists us in complying with the government record keeping, reporting, and other legal requirements. Government agencies require periodic reports on the sex and race of employees, under certain circumstances. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your personnel file.

YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name				Date				
	(Last)	(First)	(Middle)				
Address								
Number Iob title	Street		City	State	Zip			
Check one:	□ Male	☐ Female						
Check one of the	following:							
☐ Hispanic or Latino		OR	☐ Black or African American (not Hispanic or Latino)					
			•	☐ Two or More Races (not Hispanic or Latino)				
			Asian (not Hispanic o					
			White (not Hispanic of the Control of the Contro	or Latino)				
			Native Hawaiian or ot	her Pacific Islander (no	t Hispanic or Latino)			
			☐ American Indian or Al	☐ American Indian or Alaskan Native (not Hispanic or Latino)				
Check all, if appl	icable (Veteran S	Status):						
NEWLY SEPARAT	TED VETERAN	□ Yes □ N	0					
	ischarged or rele discharge or rele		luty within the last one to thre	ee years?				
Date of	discharge of felt	ease						
VETERAN OF TH	ie vietnam er	A □ Yes □ N	0					
ARMED FORCES	SERVICE MEDA	AL VETERAN 📮	Yes □ No					
OTHER PROTEC	OTHER PROTECTED VETERAN							

AgFirst Farm Credit Bank is an equal opportunity employer, and we do not discriminate on the basis of race, color, religion, sex, national origin, age, veteran, disability, or any other similarly protected status. This form will be kept confidential and used only in accordance with applicable laws and regulations. When reported to the government in a statistical format, the data will not identify any specific individual. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Affirmative Action Race/ Ethnicity Definitions

American Indian or Alaskan Native: A person with origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian: A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, Japan, Korea, the Philippine Islands, Malaysia, Pakistan, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black/African-American: A person, not of Hispanic origin, with origins in any of the black racial groups of Africa

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino): A person who identifies with more than one of the above five races.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

Affirmative Action Veteran Status Definitions

Veteran of the Vietnam Era: A person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred (i) in the Republic of Vietnam between February 29, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.

Armed Forces Service Medal Veteran: Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Other Protected Veteran: A person who served on active duty during a war or in a campaign or expedition for which a campaign badge is authorized by the Department of Defense or who participated in a U.S. Military operation pursuant to Executive Order 12985.