

Application For Employment



AGFIRST

FARM CREDIT BANK

We consider 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.

Name _____
(Last) (First) (Middle) (Preferred Name)

Street Address _____ County _____

City _____ State _____ Zip _____

PERSONAL DATA

If hired, can you furnish proof that you are eligible to work in the U.S.? If no, please explain: _____

Social Security Number _____ Telephone Number (____) _____ Business or Other Number (____) _____
(Area) (Area)

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, when and where? _____

List professional, trade, business or civic activities held (you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status). _____

Special interests and/or hobbies _____

Do you have relatives employed at Farm Credit? Yes ☐ No ☐ If yes, provide information below:

Name _____ Location _____ Relationship _____

EDUCATION AND/OR TRAINING

	Name & Location	Major/Minor	From X	To X	Type Degree Received
High School					
College or University					
Graduate School					

Describe specialized training, apprenticeship, skills and extra-curricular activities _____

List computer application skills _____

Typing Speed _____ Shorthand Speed _____ Class Standing _____ (circle one)
Upper 1/3 Middle 1/3 Lower 1/3 College GPA _____ Based on _____

What percent of your expenses did you earn while in school? _____

EMPLOYMENT INTEREST

Position(s) applied for (must be stated) _____

Area of Career Interest _____

Date Available _____ Location Preference _____

Are you willing to relocate? _____ Are you willing to travel? _____

Are you willing to work: Part Time Yes ☐ No ☐ At Night Yes ☐ No ☐
On a Temporary Basis Yes ☐ No ☐ Saturdays Yes ☐ No ☐
Overtime Yes ☐ No ☐ Sundays Yes ☐ No ☐

Employment Experience

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

1	Employer	Telephone ()	Dates Employed		Primary Responsibilities
			From	To	
	Address				
	Job Title		Annual Base Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					
2	Employer	Telephone ()	Dates Employed		Primary Responsibilities
			From	To	
	Address				
	Job Title		Annual Base Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					
3	Employer	Telephone ()	Dates Employed		Primary Responsibilities
			From	To	
	Address				
	Job Title		Annual Base Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					
4	Employer	Telephone ()	Dates Employed		Primary Responsibilities
			From	To	
	Address				
	Job Title		Annual Base Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

If dates of employment are not consecutive, tell us what you did between jobs above.

CONVICTIONS	<p>Have you ever been convicted or pled guilty or no contest to any unlawful act other than minor traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide information: charge(s), location, date(s) and disposition _____</p> <p>_____</p> <p>_____</p>
MILITARY SERVICE	<p>Branch of Service _____ Active Duty From _____ To _____ Rank Attained _____</p>
PERSONAL REFERENCES (Three people who can discuss your work experiences but who were not your supervisor.)	<p>Name _____ Phone (Daytime) _____ (Home) _____</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Name _____ Phone (Daytime) _____ (Home) _____</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Name _____ Phone (Daytime) _____ (Home) _____</p> <p>Address _____ City _____ State _____ Zip _____</p>
CONDITIONS OF EMPLOYMENT	<p>Please read the following conditions of employment and certify by your signature that you have read and understand these conditions.</p> <p>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.</p> <p>By signing this application, I hereby authorize any educational institution which I have attended to release transcript data or any former employer to release reference data to Farm Credit upon receipt of a signed copy of this document. I authorize Farm Credit to complete a police record check. These checks will be conducted by the bank itself or by its designee. I also understand that Farm Credit requires all conditionally hired candidates to submit to and pass a drug test prior to commencing employment.</p> <p>This application and any material accompanying it shall become the sole property of Farm Credit.</p> <p>Finally, my signature certifies that the statements made on this application are correct and complete. I understand that any misleading, incorrect or incomplete information will be grounds for rejection of this application. If such information is subsequently discovered, it will be grounds for immediate termination.</p> <p>Signature _____ Date _____</p>

[illegible]

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability or any other legally protected status.

As an employer, we comply with all applicable government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you fill out this Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

Date: _____

Position(s) Applied For _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Walk-in
☐ Employment Agency ☐ Relative ☐ Other

Name _____ Phone (____) _____
LAST FIRST MIDDLE Area Code

Address _____
NUMBER STREET CITY STATE ZIP CODE

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one: Birthdate: _____
☐ Male ☐ Female

Check one of the following:
Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic
☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander
US Citizen
☐ Yes ☐ No

Check if applicable:
☐ Vietnam Era Veteran