



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Equal Opportunity Employer. **EEO**

Date of Application: _____

General Information

Last Name First Name Middle Name

Physical Address City State Zip Code

Mailing Address (if different from Physical) City State Zip Code

Phone Number E-mail Address

Best time to be reached: _____ May we contact you by e-mail? Yes No

Are you at least 18 years of age? _____ Yes No

Are you legally authorized to work in the United States? _____ Yes No
Proof of citizenship or immigration status will be required upon employment.

Have you ever filed an application with us before? _____ Yes No

If so, give date: _____

Have you ever been employed by us before? _____ Yes No

If yes, through what dates? _____

Are you currently employed? _____ Yes No

Are you currently on "lay-off" status and subject to recall? _____ Yes No

Have you been convicted of a felony? _____ Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

Is there any reason CharterWest's insurance company might not bond you? _____ Yes No

If yes, please explain: _____

Position Information

Position(s) Applied for: _____ Full-Time Part-Time

What date would you be available for work? _____

If Part-Time, what days/hours are you available to work? _____

Can you travel if a job requires it? _____ Yes No

Are you available to work: Weekends? _____ Yes No Overtime? _____ Yes No

How did you learn about us? Newspaper Ad Online Ad Friend Walk-In
 Relative Employment Agency Other _____

Do NOT answer the following question unless you have been informed about the requirements of the job for which you are applying

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? _____ Yes No

Education

Last High School attended: _____ Years completed: _____
 Address: _____ Diploma..... Yes No

College/University attended: _____ Years completed: _____
 Address: _____ Degree..... Yes No

Degrees, licenses, or certifications earned:	Major / subject:	Year Earned:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other education, training, or special skills: _____

Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Employment / Experience

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please continue on a separate piece of paper.

1. Employer: _____ Dates Employed: _____
 Address: _____
 Phone Number(s): _____ Supervisor: _____
 Job Title and Responsibilities: _____

 Hourly Rate/Salary: Start _____ Final _____ Reason for Leaving _____
 May we contact this employer regarding your employment?..... Yes No

2. Employer: _____ Dates Employed: _____
 Address: _____
 Phone Number(s): _____ Supervisor: _____
 Job Title and Responsibilities: _____

 Hourly Rate/Salary: Start _____ Final _____ Reason for Leaving _____
 May we contact this employer regarding your employment?..... Yes No

3. Employer: _____ Dates Employed: _____
 Address: _____
 Phone Number(s): _____ Supervisor: _____
 Job Title and Responsibilities: _____

 Hourly Rate/Salary: Start _____ Final _____ Reason for Leaving _____
 May we contact this employer regarding your employment?..... Yes No

Have you ever served in any branch of the US Armed Forces?..... Yes No

Dates served: _____ Branch of service: _____

Highest rank: _____ Are you a disabled veteran?..... Yes No

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

State any additional information you feel may be helpful to us in considering your application.

Emergency Contact

Name: _____ Phone Number(s): _____

Address: _____ Relationship: _____

References

Please list below three personal references (other than family) that we may contact.

1. Name: _____ Phone Number(s): _____

Address: _____

Relationship: _____ Years known: _____

2. Name: _____ Phone Number(s): _____

Address: _____

Relationship: _____ Years known: _____

3. Name: _____ Phone Number(s): _____

Address: _____

Relationship: _____ Years known: _____

Signature

I certify that answers and details provided on this application are true and complete to the best of my knowledge. I authorize CharterWest Bank to investigate any statements contained in this application, and to make any credit and/or criminal history inquiries deemed necessary in arriving at an employment decision.

I authorize and instruct any person or consumer reporting agency to compile and furnish to CharterWest Bank any information it may have or obtain in response to such a credit and/or criminal history inquiry and agree that the same shall remain CharterWest Bank's property regardless of employment status.

In the event of employment, I understand that any false or misleading information provided in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of CharterWest Bank, as well as all federal, state, and local laws and regulations.

Applicant Signature

Date