Pine Island Bank

PO Box 68
Pine Island, MN 55963

Employment Application

PERSONAL INFORMATION

Job Applied For		*Date*	
Name (Last Name First)			
Address	*City*	*State*	*Zip*
E-mail Address		*Phone*	
Are you 18 Years or Older? If not, can you submit a work permit? ☐ *Yes* ☐ *No* ☐ *Yes* ☐ *No*			

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

APPLICATION FOR EMPLOYMENT

DESIRED EMPLOYMENT

What Position Or Type Of Work Are You Seeking?	If Hired, When Will You Be Available To Start?	Salary Desired
Are You Employed Now?	If So May We Inquire of Your Present Employer? ☐ Yes ☐ No	
Ever Applied To This Company Before?	Where?	When?
Ever Worked For This Company Before?	Where?	When?
Are You Interested In: ☐ Full-Time ☐ Part-Time ☐ Temporary	What Days and Hours are you willing to work?	Can you work overtime if required?
Who Referred You To This Company? ☐ Employment Agency ☐ Newspaper Advertising ☐ Friend ☐ State Employment Office ☐ College Placement Service ☐ Walk In ☐ Other		

EDUCATION

School Level	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Describe any job related specialized training, apprenticeship, skills and extra-curricular activities: *(Please do not include any information that would reveal a protected class status)*
List any job-related professional or technical organizations to which you belong: *(Please do not include any information that would reveal a protected class status)*

FORMER EMPLOYERS *List Last Three Employers, Starting With The Most Recent One First.*

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May We Contact Your Supervisor ☐ Yes ☐ No	
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			

Name of Previous Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May We Contact Your Supervisor ☐ Yes ☐ No	
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			

Name of Previous Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May We Contact Your Supervisor ☐ Yes ☐ No	
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			

SPECIALIZED SKILLS *Check Skills/Equipment Operated*

☐ Word	☐ Microsoft Outlook	☐ Other
☐ Excel	☐ Desktop Publishing	
☐ PowerPoint	☐ 10-Key	

REFERENCES

Name	Address	Business & Phone	Years Acquainted

Can you meet the job requirements of the position for which you applied with or without an accommodation?
☐ Yes ☐ No-Explain:

Can you meet the work schedule or attendance requirements of the job?
☐ Yes ☐ No-Explain:

Can you, if employed, submit verification of your legal right to work in the United States?
☐ Yes ☐ No

APPLICANT'S STATEMENT

"I certify that the facts contained in this application and any accompanying resume are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application or resume may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that the company shall not be liable in any respect if my employment is so denied or terminated.

I authorize investigation and verification of all statements contained herein and the references and former employers and employees to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise to include credit history, education, employment verification, personal references and criminal records. I release the company from all liability for any damage that may result from receiving and/or using such information.

I hereby understand and acknowledge that, any employment relationship with this organization is of an *"at will"* nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause or notice. It is further understood that this "*at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that this application and any employee manuals or handbooks that may be distributed to me shall not be construed or relied upon as a contract.

Signature of Applicant: Date

VOLUNTARY SURVEY

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the Data Report is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

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

EEO/AAP INFORMATION (VOLUNTARY)

Current Job Applying For:	Date:
Check One: ☐ Male ☐ Female	
Check One Of The Following: (Ethnic Origin) ☐ White ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Black ☐ Asian/Pacific Islander ☐ Other, please specify:_____	
Check If Any Of The Following Are Applicable ☐ Vietnam Era Veteran ☐ Special Disabled Veteran ☐ Newly Separated Veteran ☐ Other Protected Veteran ☐ Disabled Individual	