

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Voluntary)		

Best time to contact you at home is: _____:_____:_____
AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)

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

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Comments: Include explanation of any gaps in employment.

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

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:

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Production/Mobile Machinery (list)	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	
WPM _____	WPM _____	_____	

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

Name	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



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Amsterdam

NOTIFICATION AND AUTHORIZATION FORM
FOR CREDIT REPORT

I authorize Community Bank of Raymore to obtain a consumer report including a credit report on myself through the credit-reporting agency of its choice. If employed, I further authorize the Credit Bureau to obtain a consumer report including a check of my credit record, as needed on a continuing basis during the term of my employment.

If an adverse employment decision is made due totally or partially due to the information from the consumer report, Community Bank of Raymore will give me a copy of the consumer report, a summary of my rights under the Fair Credit Reporting Act, and the source of the consumer report so that I may contact them, if I wish.

Signature

Date

COMMUNITY BANK OF RAYMORE

PRE-EMPLOYMENT DRUG/ALCOHOL TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by COMMUNITY BANK OF RAYMORE, in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have COMMUNITY BANK OF RAYMORE and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to COMMUNITY BANK OF RAYMORE. I further agree to and hereby authorize the release of the results of said tests to COMMUNITY BANK OF RAYMORE.

I understand that the current use of illegal drugs including marijuana would prohibit me from being employed at COMMUNITY BANK OF RAYMORE.

I further agree to hold harmless COMMUNITY BANK OF RAYMORE and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with COMMUNITY BANK OF RAYMORE's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____