



Northern State Bank

Member FDIC

of Virginia

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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before?	Where?	When?
Ever worked for this company before?	Where?	When?
Are you interested in: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	What days and hours are you willing to work?	Can you work overtime if required?
Who referred you to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In <input type="checkbox"/> 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

Name of Present or Last Employer:			
Address:	City:	State:	Zip:
Starting Date:	Leaving Date:	Job Title:	
May we contact your supervisor <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
May we contact your supervisor <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
May we contact your supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of supervisor:	Title:	Phone:	
Description of work:			
Reason For leaving:			

SPECIALIZED SKILLS Check skills/equipment operated

<input type="checkbox"/> Word	<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Other
<input type="checkbox"/> Excel	<input type="checkbox"/> Desktop Publishing	
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> 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:
