



Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Position applied for _____ Application Date ____/____/____

Name _____
First Middle Last

Address _____
Street City State Zip Code

Home Telephone _____ Cellular/Other # _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond

Employment Experience

Employer _____

Contact Name _____

Address _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate: _____

Work performed _____

Reason for leaving _____

Employer _____

Contact Name _____

Address _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate: _____

Work performed _____

Reason for leaving _____

Have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain: _____

If they have been explained to you, are you able to meet the attendance requirements of the position of which you are applying? ☐ Yes ☐ No ☐ Not Applicable

Special Training or Skills

List any courses taken or experience that would be of benefit in the job for which you are applying.

Current GPA _____

References

List names and telephone numbers of three references who are **not** related to you and are not previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	Years Known

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected.

If selected to work at First Metro Bank’s Golden Eagles Branch, I agree to conform to First Metro Bank’s rules, regulations and statement of confidential information.

I expressly authorize, without reservation, the employer, its representatives or employees to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

First Metro Bank does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant’s Signature _____ Date ____/____/____