

#### APPLICATIONS ARE RETAINED IN OUR ACTIVE FILE FOR 90 DAYS

# **APPLICATION FOR EMPLOYMENT**

The Bank does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, handicap or ancestry or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. The Bank, at its own expense, arranges for a surety bond for each of its employees. Unless the applicant's background is acceptable to a surety company (not relative to race, color, religious creed, national origin or ancestry) it will be difficult to secure this bond and the Bank may be unable to offer employment.

In processing this employment application, the Bank may request that an investigative consumer report and police report be prepared, which may include information as to your character, general reputation, police record, personal characteristics and mode of living. You have the right to request that the Bank completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the Personnel Department of this Bank within a reasonable time after you complete this application.

I hereby acknowledge that I have read the foregoing disclosure and understand the same.

\_\_\_\_\_

Signature:

Date:

PLEASE ANSWER EVERY Q	UESTION AND PRIM	NT IN INK.			
Name	(MIDDLE)	(1	_AST)	(SOCIAL SECURITY NUMBER)	
Address(NUM	(NUMBER) (STREET)		EET)	(DATE)	
(CITY)		(STATE)	(ZIP CODE)	(TELEPHONE NUMBER)	
Have you applied for work here before? Yes No If yes, indicate when and for what position(s):					
FROM HERE ON, PLEASE W					
Position Applied For				Salary Requested	
Type of Position Requested					
Check: 🗌 Full-Time	Part-Time	Tempor	ary		
Date available to start work					
How did you learn about the po	osition for which you	are applying?			
Do you have any relative work	ng here? 🔲 Yes	No If y	ves, please state:		
Name			Department _		

Equal Opportunity Employer

# EMPLOYMENT RECORD

(List last five employers starting with current or most recent, include self-employment, military service, and part-time jobs. May also include job-related volunteer experience.)

Name and Address of Former Employers		Dates Employed		Position & Duties Salary		Reason for Leaving	
COMPANY NAME		From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
NAME OF IMMEDIATE SUPERVISOR							
NUMBER & STREET	TELEPHONE NO.						
CITY & STATE	ZIP						
COMPANY NAME		From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
NAME OF IMMEDIATE SUPERVISOR							
NUMBER & STREET	TELEPHONE NO.						
CITY & STATE	ZIP						
COMPANY NAME		From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
NAME OF IMMEDIATE SUPERVISOR							
NUMBER & STREET	TELEPHONE NO.						
CITY & STATE	ZIP						
COMPANY NAME		From Mo. & Yr.	To Mo. & Yr		Starting	Leaving	
NAME OF IMMEDIATE SUPERVISOR							
NUMBER & STREET	TELEPHONE NO.						
CITY & STATE	ZIP						
COMPANY NAME		From Mo. & Yr.	To Mo. & Yr		Starting	Leaving	
NAME OF IMMEDIATE SUPERVISOR							
NUMBER & STREET	TELEPHONE NO.						
CITY & STATE	ZIP						
If you need more space, please contin	ue on a separate shee	et.					
If presently employed, why do you des	ire to change your pos	sition?					2



MAIN OFFICE P.O. BOX 68 GAINESVILLE, MO 65655 Tel. 417-679-3321 1-800-248-5281 Fax 417-679-4777

SECTION 604 (b) (2) (B) of the FAIR CREDIT REPORTING ACT Requires that we obtain written authorization from you, the consumer, For the purpose of obtaining a consumer report for employment purposes.

P.O. BOX 450 THEODOSIA, MO 65761 Tel. 417-273-4245 Fax 417-273-4443 P.O. BOX 69 BAKERSFIELD, MO 65609 Tel. 417-284-3006 Fax 417-284-7387 P.O. BOX 1600 AVA, MO 65608 Tel. 417-683-4182 Fax 417-683-2130



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SECTION 604 (b) (2) (B) of the FAIR CREDIT REPORTING ACT Requires that we obtain written authorization from you, the consumer, For the purpose of obtaining a consumer report for employment purposes.

I understand the above statement and hereby give, by my authorization for Century Bank of the Ozarks to procure my consumer report for employment Purposes.

Applicant

Date

P.O. BOX 69 BAKERSFIELD, MO 65609 Tel. 417-284-3006 Fax 417-284-7387 P.O. BOX 1600 AVA, MO 65608 Tel. 417-683-4182 Fax 417-683-2130

#### Education

Name	City and State	Curriculum/ Major	Grade Point Average	Degree/ Diploma/ Certificate
High School				
College/ University				
College/ University				
Trade/ Vocational				
Business Other				

## Office Machine Skills

Indicate any office skills you have acquired through training and/or experience:				
Typing SpeedWPM	Software Packages (list any that you are proficient with)			
Phone Systems				
Word Processor (model and make)	CRT or personal computer operation			
	Other (specify):			
□ Calculator/10-key adding machine				
Teller Machine				

# Military

Branch of Service:	Rank:
Period of Duty:	Date of Discharge:
Describe your duties and training:	

Civic/Professional/Trade Association Memberships/Activities (If you need more space, please continue on a separate sheet.)

### Summary

Summarize other special skills and qualifications relating to the position for which you are applying:

Are you legally permitted to work in the United States? (Employment will be contingent on providing proof of citizenship or work authorization.)	🗆 Yes	🗆 No
Are you less than 18 years old? If yes, state age: (Proof of age may be required after job offer.)	🗆 Yes	🗆 No
Have you ever been convicted of a crime other than a misdemeanor? If yes, please state date, place, and nature of conviction:	🗆 Yes	🗆 No
(A conviction does not constitute an automatic bar to employment.)		
May we contact your present employer for references?	Yes	🗆 No
May we contact your previous employers for references?	🗆 Yes	🗆 No
Have you been known by any other Name(s) that our bank may require to verify your education and employment records as furnished in this application? If yes, identify name(s):		
Are you able to perform, with or without an accommodation, the tasks of the job(s) for which you are applying without posing a direct threat to the health or safety of yourself or others?	🗆 Yes	🗆 No
If an accommodation is necessary, how would you perform the tasks, and with what accommodation(s)?		ŭ, V
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### PLEASE BE SURE TO SIGN THIS APPLICATION AND READ THE FOLLOWING STATEMENTS CAREFULLY.

I certify that all of the information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s), or in the process of my preemployment evaluation may result in rejection of my application or termination, if I am hired.

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

I understand that if employed, I will be required to abide by all bank policies, standards and regulations.

I understand that this application does not represent an offer of, or contract for, employment. I understand that employment with this bank is "at will", and that no guarantee of job exists. If employed, I may terminate employment at any time for any reason, and the Bank may terminate my employment at any time, for any reason.

Additionally, I authorize the Bank to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

Signature

Date