

APPLICANT
Do not write on this page.

COMMENTS:

INTERVIEWED BY:

Date: _____

Date: _____

Date: _____

Regular Full time Part time Employment approved by _____

Temporary Full time Part time

To be completed after applicant has been hired.

Starting date _____ Department _____

Starting salary \$ _____ per _____

Job title _____ Salary Range \$ _____ to _____

In case of emergency please notify

Name _____

Address _____

Phone _____



The
Carlsbad National Bank

HUMAN RESOURCES DEPARTMENT

202 W. Stevens • P.O. Box 1359 • Carlsbad, NM 88221-1359 • 575-234-2500

Date _____

APPLICATION FOR EMPLOYMENT

We sincerely appreciate your interest in seeking employment with us. The questions asked on this application are designed to give us a clear understanding of your background and work experience.

(PLEASE PRINT PLAINLY)

PERSONAL

Full Name _____ Social Security No. _____

Street Address _____ Phone Number _____
Area Code _____

City • State • Zip Code _____

Email _____

Is there another phone number at which you may be reached? _____

How were you referred to us? _____

Are you at least 18 years of age? Yes No If you are less than 18, list your age _____; date of birth _____;

name and address of parent or guardian _____

PLACEMENT

Type of position you are seeking? _____

Starting salary you are seeking? \$ _____ per _____. When could you begin employment? _____

What type of employment are you applying for? (1) temporary - part-time (2) temporary - full-time

(3) regular - part-time (4) regular - full-time. What position are you applying for? _____

Please list any special training, skills, or experience you may have, indicating fluency or speed where appropriate.

WE DO NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, DISABILITY OR ANY OTHER FACTOR PROHIBITED BY LAW OR REGULATION. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION

Attention: This application is for an at-will position

Type of School	Name and Address of School	Last Year Completed				Did you Graduate?	Major Course of Study and Degree Granted
		1	2	3	4		
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No	
College						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)						<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Have you ever worked for us before? Yes No If yes, from _____ to _____

May we contact your present employer? Yes No May we contact you at your present employer's Yes No

Please list your last five years of employment history in chronological order with most recent position first.

Present or last Employer _____ Name & Title of Supervisor _____

Address _____ Phone No. _____

Dates: From _____ To _____ Salary \$ _____ \$ _____
(month and year) (month and year) Beginning End

Starting Position _____ Ending Position _____

Reason for Leaving _____

Present or last Employer _____ Name & Title of Supervisor _____

Address _____ Phone No. _____

Dates: From _____ To _____ Salary \$ _____ \$ _____
(month and year) (month and year) Beginning End

Starting Position _____ Ending Position _____

Reason for Leaving _____

Present or last Employer _____ Name & Title of Supervisor _____

Address _____ Phone No. _____

Dates: From _____ To _____ Salary \$ _____ \$ _____
(month and year) (month and year) Beginning End

Starting Position _____ Ending Position _____

Reason for Leaving _____

Military Service

Branch of Service _____

Major Duties _____

Service Schools Attended _____

Date Entered _____ Reserve Status _____

Starting Rank _____ Separation Rank _____

REFERENCES

Please list persons whom we may contact who know your qualifications.

Name	Address	Telephone	Occupation

GENERAL INFORMATION

Please describe the skills and aptitudes that you feel qualify you for a position with us. (You may wish to include activities and positions held in civic, community and school organizations, professional societies, special training and skills which are pertinent to this position. You are requested not to list activities which may disclose your race, color religion or national origin.)

Have you ever been convicted of a criminal offense (excluding minor traffic offenses)? Yes No If yes, please describe in full.

Are you authorized to work in the United States? Yes No

SIGNATURE

(1) WE MAKE NO PROMISE OF EMPLOYMENT BY OFFERING THIS APPLICATION FORM OR ACCEPTING YOUR WRITTEN RESPONSE.

(2) NO ONE IS AUTHORIZED TO OFFER YOU EMPLOYMENT WITH US EXCEPT IN WRITING. DO NOT MAKE OR CHANGE ANY PLANS BASED ON WHAT ANYONE TELLS YOU ORALLY.

(3) ANY EMPLOYMENT WE MAY OFFER YOU WILL BE TERMINABLE AT WILL. THIS MEANS YOU CAN QUIT ANY TIME. IT ALSO MEANS WE CAN TERMINATE YOU AT ANY TIME, WITH OR WITHOUT CAUSE.

(4) BY COMPLETING THIS APPLICATION AND SIGNING BELOW, YOU AUTHORIZE US TO INVESTIGATE YOUR QUALIFICATIONS AND TO MAKE INQUIRIES ABOUT YOU GENERALLY. YOU ALSO AUTHORIZE US TO SHARE THIS APPLICATION AND ITS CONTENTS WITH OUR EMPLOYEES AND ANY OUTSIDE AGENCIES OR REPRESENTATIVES WE DEEM APPROPRIATE. IF THERE IS ANYONE YOU DO NOT WANT US TO CONTACT, PLEASE TELL US IN WRITING.

(5) BY SIGNING BELOW YOU ARE AFFIRMING THAT THE STATEMENTS YOU MAKE IN THIS APPLICATION, PLUS ANY ADDITIONAL WRITTEN AND ORAL INFORMATION YOU PROVIDE US ABOUT YOURSELF (SUCH AS A RESUME OR INTERVIEW) ARE TRUE, AND THAT YOU HAVE NOT OMITTED ANYTHING ABOUT YOURSELF THAT MIGHT BE IMPORTANT TO US IN DECIDING WHETHER TO HIRE YOU. YOU UNDERSTAND THAT ANY FALSE STATEMENT OR MATERIAL OMISSION IS SUFFICIENT GROUNDS FOR US TO REJECT THIS APPLICATION WITHOUT FURTHER CONSIDERATION.

Date _____ Signature of Applicant _____

CONSUMER INVESTIGATIVE REPORT

If checked, you authorize us to request an investigative consumer report to be prepared about you, 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 we completely and accurately disclose to you the nature and scope of the investigation requested. Your request must be made to us within a reasonable time after you have completed this application.

I acknowledge that I have read the foregoing disclosure statement and I understand the rights I have.

Signature of Applicant: _____