



**Citizens  
National Bank**

*Park Rapids, MN*

# *Employment Application*



***PERSONAL INFORMATION***

<i>Job Applied For</i>		<i>Date</i>	
<i>Name (Last Name First)</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Are you 18 Years or Older? If not, can you submit a work permit?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Phone</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Email</i>	
<i>Status or disposition of applicant (For Office Use Only)</i>			

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: <i>(Please do not include any information that would reveal a protected class status)</i>
List any job-related professional or technical organizations to which you belong: <i>(Please do not include any information that would reveal a protected class status)</i>

**FORMER EMPLOYERS** *List Last Three Employers, Starting With The Most Recent One First.*

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	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	
Starting Salary	Final Salary	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	
Starting Salary	Final Salary	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

Have you been convicted of a felony or (within the last five years) a misdemeanor which resulted in imprisonment? Note: The existence of a criminal record does not create an automatic bar to employment.

No  Yes-Explain:

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

# Affirmative Action Employee Voluntary Self-ID Form for EEO-1- Disability Status, Race/Ethnicity and Protected Veteran Categories

Date:

To:

\_\_\_\_\_  
NAME

From:

LeeAnn Dirks  
EEO/AAP Coordinator

Subject:

Government Recordkeeping and Reporting Requirements

At this time, we are asking you to help us meet our obligations by completing the forms and information listed on the following pages. Please note that the information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. Providing this information is voluntary and refusal to so will not result in any adverse treatment. The information you provide will be held in strict confidence except that:

- 1) Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
- 2) First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
- 3) Government officials investigating affirmative action program compliance may have access to reported information.

Thank you for your cooperation in this important initiative.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005

Page 2 of 5

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

# **Employee Voluntary Self-Identification Information**

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## **PART I. General Information**

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

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## **PART II. Gender, Ethnicity and Race Information:**

Gender:      Female                    Male

**Ethnicity and Race: *Check ONE box only from the list below***

- Hispanic or Latino**                   A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
  
- White**  
(Not Hispanic or Latino)               A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
  
- Black or African American**  
(Not Hispanic or Latino)               A person having origins in any of the black racial groups of Africa.
  
- Native Hawaiian or Other Pacific Islander**  
(Not Hispanic or Latino)               A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  
- Asian**  
(Not Hispanic or Latino)               A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  
- American Indian or Alaskan Native**  
(Not Hispanic or Latino)               A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
  
- Two or More Races**  
(Not Hispanic or Latino)               All persons who identify with more than one of the above five races.



## EMPLOYEE VOLUNTARY SELF-IDENTIFICATION INFORMATION (continued)

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### PART III. Information on Protected Veterans

(Check applicable boxes)

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- Protected Veteran: Includes active duty wartime or campaign badge veteran (s), disabled veteran (s), Armed Forces service medal veteran (s), or recently separated veteran (s).
  
- I do not wish to provide the information requested.

**DISCLOSURE—PREPARATION OF A CONSUMER REPORT**

To process your application with Citizens National Bank of Park Rapids, an investigative consumer report (background check) may be conducted by Verified Credentials, Inc. In accordance with the U.S. Fair Credit Reporting Act § 606, we notify you of the following: A background check report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed, may your current employer be contacted?  Yes  No

I request a copy of the report.  Yes  No

Please read the following and, if acceptable, authorize us to order an investigative consumer report to be prepared by Verified Credentials Inc.

**AUTHORIZATION—TO PREPARE INVESTIGATIVE CONSUMER REPORT**

I authorize the appropriate individuals, companies, institutions or agencies to release information requested for the preparation of an investigative consumer report on me and to respond to all inquiries necessary for the same.

\_\_\_\_\_  
Legal Last Name                      Legal First Name                      Legal Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      State                                      Zip Code

**Please list any additional addresses you have lived, worked and attended schools in during the past 7 years.**

\_\_\_\_\_  
Address                                      City                                      State                                      Zip

\_\_\_\_\_  
Address                                      City                                      State                                      Zip

**Other Name(s) Used and Date(s) Changed:** \_\_\_\_\_

\_\_\_\_\_  
Driver's License Number                      State Issued                      Expiration Date                      Date of Birth

(To be used for Background Information ID only)

I AUTHORIZE A PHOTOCOPY AND/OR AN ELECTRONIC COPY OF THIS AUTHORIZATION TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS AUTHORIZATION WILL REMAIN IN EFFECT THROUGHOUT MY EMPLOYMENT.

\_\_\_\_\_  
Signature                                      Social Security Number                                      Date