



Home State Bank

Employment Application

EEO/AA Employer

Personal Information

Job Applied For: _____ Date: _____

Name (Last Name First): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Are you 18 Years or Older? If not, can you submit a work permit?

Yes No

Yes No

Application For Employment

What Position Or Type Of Work Are You Seeking? _____

What location(s) ? _____

If Hired, When Will You Be Available to Start? _____

Salary Desired _____

Are You Employed Now? _____ If So May We Inquire Of Your Present Employer? Yes No

Ever Applied To HSB Before? _____ Where? _____ When? _____

Ever Worked For HSB Before? _____ Where? _____ When? _____

Are You Interested In: Full-time Part-time Temporary

Days and Hours Available

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:						
To:						

Who Referred You To Home State Bank?

Newspaper MN Works Friend Walk in Other

Education

School Level	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
College				

General

Describe any job related specialized training, apprenticeship, skills and extra-curricular activities:

List any job-related professional or technical organizations to which you belong:

Former Employers

List Your 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 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 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			

References

Name	Address	Business Phone	Years Acquainted

Have you ever been convicted of a felony or (within the last five years) a misdemeanor which resulted in imprisonment?

No Yes- Explain:

Have you ever been convicted of any theft related crimes?

No Yes- Explain:

Have you ever been convicted of any crime of violence?

No Yes- Explain:

Note: the existence of a criminal record does not create an automatic bar to employment.

Is there any reason why you cannot perform the requirements of the job for which you are applying? (Please review job description before answering question)

No Yes

Is there any reason you may not be able as is required by the company, to attend work on a regular basis or be to work on time?

No Yes-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 Home State Bank 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 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 an/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: _____

Personal History Questionnaire

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner in business decisions.

Date of Birth: _____/_____/_____ (Month, Day, Year)

Driver License # _____ State _____

Social Security # _____/_____/_____

Other Names Used & Date Changed _____
(Year changed)

Email Address: _____ Contact Phone Number: _____

Professional License(s): _____ State(s): _____ Type(s): _____ Number(s): _____

May we contact your current employer? _____ Yes _____ No

Residence Addresses For The Past 7 Years: (attach additional sheets, if necessary)

Street Address _____ *City, State & Zip Code* _____ *County* _____ *From Mo./Yr.* _____ *To Mo./Yr.* _____

Current Address _____

Criminal History Questionnaire

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony?*

*Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled impounded, erased, dismissed under the First Offender's law, pardoned by the Governor or in which state law allows you to lawfully deny as set forth below. You are also not required to disclose violations, infractions, petty misdemeanors or summary offenses.

_____ Yes _____ No

If yes, provide city, county, and state of conviction and date and nature of the offense, along with sentencing information. Enter N/A if this does not apply to you.

* **California applicant/residents:** You need not disclose any referral to, and participation in, any pre-trial or post-trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.

* **Connecticut applicants/residents:** You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nolloed, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

***Hawaii applicants/residents:** Do not respond to this question until you have been given a conditional offer of employment.

***Kentucky applicants/residents:** You do not respond "Yes" as a result of any misdemeanor conviction where the date of conviction was more than five years ago.

***Massachusetts applicants/residents:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

***Washington applicants/residents:** You may exclude convictions that occurred over ten years ago.

Home State Bank

An Equal Opportunity, Affirmative Action Employer

Applicant Flow Survey Form

Last Name:	First Name:	Middle Initial:
Date:	Position(s) for which you are applying:	

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race, ethnicity, veteran and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations, and *for no other purpose*. * When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope separate from the one that contains your application.

Race/Ethnicity		Gender	
<input type="checkbox"/>	Caucasian(not of Hispanic Origin)	<input type="checkbox"/>	Female
<input type="checkbox"/>	Black (not of Hispanic origin)	<input type="checkbox"/>	Male
<input type="checkbox"/>	Hispanic origin		Veteran
<input type="checkbox"/>	Asian or Pacific Islander	<input type="checkbox"/>	Yes
<input type="checkbox"/>	Native American or Alaskan Native (not of Hispanic origin)	<input type="checkbox"/>	No
Referral Source:		Disability	
<input type="checkbox"/>	Community Organization:		Are you a person with a disability?
<input type="checkbox"/>	Governmental Job Service	<input type="checkbox"/>	Yes
<input type="checkbox"/>	Bank Website	<input type="checkbox"/>	No
<input type="checkbox"/>	Walk-in		
<input type="checkbox"/>	Other:		