



142 East First Street  
P.O. Box 807  
Mountain Grove, MO 65711  
Phone: (417) 926-5151 Fax: (417) 926-0016

Dear Prospective Applicant,

Welcome to First Home Savings Bank. We are pleased that you have an interest in our company. All prospective employees are required to complete an application. Applications are kept on “active” file for 12-months. We look forward to getting acquainted with you. Please review the following carefully:

1. You will be required to disclose any criminal history in your past including: Certain offenses may prohibit employment with our company. *We will conduct a thorough criminal background check.*
2. A workers’ compensation records search and medical review may be conducted upon an offer of employment.
3. We may conduct drug screenings. If you are using illegal drugs of any sort we cannot hire you.
4. A minimum of two satisfactory reference checks may be required for employment..
5. Any job offer is conditional upon satisfactory reference and background checks and completion of a medical review.

(Note: If any of the above issues create a problem for you, please feel free to excuse yourself from this application process now, otherwise, please sign below.)

**Acknowledgement:** To the best of my knowledge the above requirements do not pose a problem with my continuing to pursue employment with **First Home Savings Bank**.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

*(See back side for Application Instructions)*



# APPLICATION FOR EMPLOYMENT

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

Position Applying For: \_\_\_\_\_

142 East First Street  
P.O. Box 807  
Mountain Grove, MO 65711  
Phone: (417) 926-5151  
Fax: (417) 926-0016

Number of Hours per week desired: _____ Hours that you are able to work: _____ Days that you are able to work (Please Circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday Date Available to begin working: _____
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- Please complete ALL information as requested.
- Do not leave any blanks. "See Resume" will not be sufficient for the Employment History portion due to important contact information that is required for verification and reference reports.
- Please sign and date within the requested areas of the application.

Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_ First Name: \_\_\_\_\_

\*If you have been known and worked by another name, please indicate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number/Name Apt # (if applicable) City State Zip

Telephone Number: (Home)(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell if applicable)(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How did you learn about our company?  First Home Savings Bank employee (please list name of employee) \_\_\_\_\_  Newspaper  Internet  Other: \_\_\_\_\_

Have you ever applied or been employed by First Home Savings Bank previously?  No  Yes, if yes when? \_\_\_\_\_

Are you a U.S. citizen or legal alien authorized to work in the U.S.?  Yes  No, please explain: \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? No  Yes  If yes, please explain (A conviction will not necessarily result in the denial of employment): \_\_\_\_\_

Upon reviewing the position job requirements, are there any reasons why you would not be able to perform the essential functions?  No  Yes, if yes, please describe: \_\_\_\_\_

**Please complete the information for each professional license that you hold:**

Type of License	State of Licensure	Certificate/License	#Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please continue on reverse side

# Education

Please Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

List any schools, colleges or universities you have attended below:

Name of Institution	Degree, Diploma or Certificate	No. of Years	Did you Graduate
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Employment History

Please list your last three employers below, starting with your most recent or current employer, Please do not leave any blanks incomplete.

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

Address: \_\_\_\_\_  
Street Number / Name
City
State
Zip

Job Title: \_\_\_\_\_ Description of duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ May we contact?  Yes  No Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  hour  month  year

Reason for Leaving: \_\_\_\_\_  
 =====

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

Address: \_\_\_\_\_  
Street Number / Name
City
State
Zip

Job Title: \_\_\_\_\_ Description of duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ May we contact?  Yes  No Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  hour  month  year

Reason for Leaving: \_\_\_\_\_  
 =====

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

Address: \_\_\_\_\_  
Street Number / Name
City
State
Zip

Job Title: \_\_\_\_\_ Description of duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ May we contact?  Yes  No Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  hour  month  year

Reason for Leaving: \_\_\_\_\_

**Please List any other experience related to job applying for (paid or unpaid):** \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES - NOT FAMILY RELATED**

Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Relationship (Friend, Minister, Etc.)			Relationship (Friend, Minister, Etc.)		
Years Known	Phone (Include Area Code)		Years Known	Phone (Include Area Code)	

## Applicant Acknowledgement

I have read and understand the applicant introduction note on the front side of the application form. I verify that the information which I provided in this Application for Employment is true, and that any false information, omissions or misrepresentations of facts requested in this application may result in rejection of my application or immediate termination at any time during my employment with First Home Savings Bank.

I authorize First Home Savings Bank and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I also authorize any reference source to provide First Home Savings Bank with any and all information covering my background and hereby release any said sources from any liability for any damage whatsoever for issuing this information.

I further agree that First Home Savings Bank may furnish like information to those with whom I may hereafter seek employment and hereby agree to hold First Home Savings Bank free and harmless from any and all liability thereafter. I agree to conform to all rules and regulations of First Home Savings Bank and acknowledge that if my application is accepted and employment engaged, I am an employee at will and have no contractual right of employment.

First Home Savings Bank is an equal opportunity employer. This application for employment will be current for a period of one year. A new application must be completed if the applicant wishes to be considered for employment after that time.

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form will result in termination of the application process or, if discovered after employment, immediate termination. All qualified applicants will receive consideration without discrimination because of sex, race, age, creed, national origin, religion, military or veteran status, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**APPLICANT COMPLETE THIS PORTION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Soc. Sec. No./Identification: \_\_\_\_\_

Former Names (if applicable) \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I authorize **First Home Savings Bank** and/or its agents, including consumer reporting bureaus, to verify my employment experience. I also authorize any reference source to provide **First Home Savings Bank** with any and all information covering my background and hereby release any said sources from any liability for any damage whatsoever for issuing this information. A copy of this document shall have the same force and effect as the original.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office use only, please do not complete below the line.**

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**PROFESSIONAL REFERENCE**

\_\_\_\_\_ Mail      \_\_\_\_\_ Telephone      \_\_\_\_\_ Fax

**EMPLOYMENT REFERENCE**

The person named above has applied for employment with **First Home Savings Bank**. We have been referred to you for information regarding the applicant's qualifications and/or past performance. We would appreciate your replies to the questions asked in the appropriate section. Space for additional comments is provided. All information is confidential. Thank you for your assistance. Please use postage paid envelope or return by fax.

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Reference Contact \_\_\_\_\_ Title \_\_\_\_\_

Position(s) held ? \_\_\_\_\_ What was the nature of his/her job? \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Did employee give proper notice? YES \_\_\_\_\_ NO \_\_\_\_\_ Would you rehire? YES \_\_\_\_\_ NO \_\_\_\_\_

What are his/her strong points? \_\_\_\_\_

How would you rate his/her attendance record on scale of 1-10 with 10 being excellent? \_\_\_\_\_

What areas need improvement? \_\_\_\_\_

Could you comment on his/her work performance? \_\_\_\_\_

Can he/she function independently with minimal supervision? \_\_\_\_\_

Did he/she have any personal difficulties that interfered with his/her work? \_\_\_\_\_

Is there anything else of significance that you would like to share? \_\_\_\_\_

The salary of \_\_\_\_\_ was given to us. Can you confirm that this is accurate? \_\_\_\_\_

\_\_\_\_\_ **Verified Dates of employment only**

Reference check completed by: \_\_\_\_\_ / (Title) \_\_\_\_\_ Signature: \_\_\_\_\_

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

## PERSONAL REFERENCE

Reference Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

What is your relationship with the applicant? \_\_\_\_\_

Have you had contact with the applicant within the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Could you comment on his/her job related personal characteristics? \_\_\_\_\_

**For the following, please rate on the following Scale:**

**1 = Excellent 2 = Good 3 = Fair 4 = Poor**

• Flexibility: \_\_\_\_\_

• Appearance: \_\_\_\_\_

• Dependability: \_\_\_\_\_

• Honesty: \_\_\_\_\_

- Initiative: \_\_\_\_\_
- Judgment: \_\_\_\_\_
- Maturity: \_\_\_\_\_
- Responsibility: \_\_\_\_\_
- Self Expression: \_\_\_\_\_
- Relates to Others: \_\_\_\_\_
- Comments: \_\_\_\_\_

Reference check completed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date