

Employment Application For Carter County Bank

It is the goal of Carter County Bank to employ the highest quality employees available that will assist the bank in its goal of providing superior service to its customers and to retain these employees through application of fair policies and generous benefits. Carter County Bank is an equal opportunity employer and will fairly consider all applicants for employment without regard to race, color, religion, gender, national origin, age, genetic information, or disability. Carter County Bank prohibits smoking and use of other tobacco products inside the buildings in which its offices are located.

Please provide us with the following information about yourself and your past employment history. All questions must be answered completely. Please mark any questions that do not apply to you with "N/A." Your answers will be used by Carter County Bank for the purpose of employment considerations only.

Personal Data

Last Name:	First Name:	Middle Name:
Street Address:		
City:	State:	Zip Code:
Previous Address if less than five years		
Previous Street Address:		
Previous City:	Previous State:	Previous Zip Code:
Daytime Phone: ()	Mobile Phone: ()	
Evening Phone: ()	E-mail Address:	
Social Security Number: - - -		
Have you worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Give Name:
Position Applying for:		Salary Desired:
Check Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Days Available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Hours Available:	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about this employment opportunity?	<input type="checkbox"/> Internet <input type="checkbox"/> Classifieds <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other	
Are you related to a current Carter County Bank employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name and relationship: _____	
Are you willing to work out of town overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you over the age of 18 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you provide documentation establishing your ability to work in the United States (e.g. social security permit.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you hold a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a car or other reliable transportation available for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other than traffic violations, have you ever been convicted of a crime (including guilty pleas and/or nolo contendere pleas)? (A "yes" answer will not necessarily prevent you from being hired.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe in detail (nature of crime, state and county of conviction, current status):		

Educational Background

Education (please check the highest level attained): Some High School High School graduate or GED

High School Name: _____ Location: _____

Post Secondary: Some College Associate's Degree Bachelor's Degree Master's Degree Doctorate

School Name	School Location	Areas of Study	Degree(s) Obtained
1.			
2.			
3.			
4.			

School Comments:

Work Experience

Please start with the most recent position, furnishing dates and explanations for each period of unemployment if one month or more. This section must be filled out completely.

Name of employer:	
Location of employer:	
Start Date: (Month/Day/Year):	
Ending Date: (Month/Day/Year):	
Job Title:	
Supervisor's Name:	
Supervisor's Phone Number:	
Employment Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Hours/Week Worked:	
Salary (Hourly/Annually):	
Reason for leaving:	
Job Responsibilities:	

Name of employer:	
Location of employer:	
Start Date: (Month/Day/Year):	
Ending Date: (Month/Day/Year):	
Job Title:	
Supervisor's Name:	
Supervisor's Phone Number:	
Employment Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Hours/Week Worked:	
Salary (Hourly/Annually):	
Reason for leaving:	
Job Responsibilities:	

Name of employer:	
Location of employer:	
Start Date: (Month/Day/Year):	
Ending Date: (Month/Day/Year):	
Job Title:	
Supervisor's Name:	
Supervisor's Phone Number:	
Employment Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Hours/Week Worked:	
Salary (Hourly/Annually):	
Reason for leaving:	
Job Responsibilities:	

References

Please list the following information for at least three individuals that are not related to you and who have known you for at least three years who can confirm some or all of the information contained in this application and are familiar with your reputation.

Name:	
Address:	
Phone Number:	
Years Acquainted:	
E-mail Address:	
Name:	
Address:	
Phone Number:	
Years Acquainted:	
E-mail Address:	
Name:	
Address:	
Phone Number:	
Years Acquainted:	
E-mail Address:	

Applicant Statement

By submitting this form:

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may disqualify me from further consideration for employment, and may result in my discharge from employment, if discovered at a later date.

I understand that if I am employed, my employment may be terminated at any time by either myself or Carter County Bank. I agree that, should I be employed, said employment will be at-will and will not be governed by any contract, either express or implied.

I hereby authorize Carter County Bank or its designee to contact any or all of my references and former employers to inquire about my past job performance, education, personal character and any other topic deemed relevant by Carter County Bank. I further agree that I will hold those individuals and entities who respond harmless for any information they provide as a result of such contact, and release them from liability for the result of any such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also expressly consent to submit to any physical examination that may be required of me, including drug and/or alcohol testing upon request both prior to and, if employed, during employment with Carter County Bank. If I am employed, I understand and agree that I will be bound by the policies of Carter County Bank.

Date

Applicant Signature

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THE DESIGNATED POSITION APPLIED FOR. AN ADDITIONAL APPLICATION WILL NEED TO BE COMPLETED FOR ANY OTHER POSITIONS OF INTEREST.

CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

I understand that in connection with my application for employment with Carter County Bank (“CCB”), CCB may utilize a Consumer Report Agency (“CRA”) for purposes of receiving a consumer report concerning my credit history. If utilized, such CRA could be asked to provide information to CCB which might bear upon my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for purposes of assessing my eligibility for employment purposes. It is also possible that CCB will obtain an investigative consumer report wherein the CRA or other source would seek information from personal interviews with my neighbors, friends, associates, or acquaintances.

I authorize that an assessment contemplated in the paragraph above be performed, and release from any and all liability any individual or entity involved in compiling such information, and also release from any and all liability any individual or entity involved in supplying information of the type contemplated in the paragraph above. I further release CCB and any of its representatives from any and all liability arising from the matters addressed herein, or related to its reliance upon the information derived by any entity and relied upon by CCB.

If an investigative consumer report is requested by CCB, I understand that it will notify me of its request not later than three (3) days after making its first request.

I understand that if CCB decides not to employ me on the basis of information contemplated herein, it shall provide a copy of the report relied upon to me as well as a summary of my rights pursuant to the Fair Credit Reporting Act.

Applicant Signature

Date

This space provides you with the opportunity to present a written explanation of any items you feel we need to be aware of in conducting this search. This section is strictly voluntary and does not require a comment.

APPLICANT'S Disclosure & Consent RELEASE OF INFORMATION

APPLICANT INFORMATION (Please Print)

Account Number: 101100935

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
2. Other Name(s) Used:	Former Address: (1)
Social Security No:	City: State: Zip:
Driver's License No.: State:	Former Address: (2)
Date of Birth: Place of Birth: (City, State, Country)	City: State: Zip:

Applicant Instructions: Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

The Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT STATEMENT

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize InfoMart and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge this company, our agent, InfoMart and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. ATTENTION RESIDENTS OF CALIFORNIA, MINNESOTA, & OKLAHOMA ONLY: By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

APPLICANT:



Applicant Signature

Date

Fax to (770) 984-8997

Applicant Name Typed or Printed

VOLUNTARY APPLICANT SELF-IDENTIFICATION SURVEY

Carter County Bank is a federal government contractor. As a matter of policy as well as applicable law, we are required to keep records and perform certain analyses of our applicant pool by race, ethnicity, and gender. Such analyses are only possible if we know the EEO profile of our applicants, so we request that you complete this survey and return it to us promptly.

Although the information that applicants provide **does not in any way affect their prospects for employment** and is, in fact, treated very confidentially, it is nevertheless very important to us. For any statistical analysis to be meaningful, we must have information on as many applicants as possible **and it is just as important to collect this information from men and from non-minorities as it is to obtain it from women and minority group members.**

We appreciate that some applicants will find this request intrusive and we regret this. However, please be advised that we are required by the government to keep such records and perform such analyses. You may decline to disclose but your cooperation will allow us to be accurate.

In addition, information on county and state of residence as well as on how you learned about the vacancy you applied for will assist us in our recruitment efforts.

The categories listed below are those used by the U.S. Department of Labor. Although some agencies have expanded these categories to permit multi-racial reporting, the Department of Labor has not done so and, we regret, these are the only options we can offer at this time.

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline To Disclose	<p style="margin: 0;"><u>Check Only One</u></p> <input type="checkbox"/> White, not of Hispanic Origin (includes persons of Middle East ancestry) <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino (regardless of race) <input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Native American Indian/Alaskan Native <input type="checkbox"/> Two or more races <input type="checkbox"/> Decline to Disclose
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NAME:	ZIP CODE:
COUNTY AND STATE OF RESIDENCE:	
HOW DID YOU LEARN OF THIS VACANCY:	
IF BY ADVERTISEMENT, PLEASE GIVE NAME AND DATE OF PUBLICATION:	
POSITION APPLIED FOR (MUST BE SPECIFIED):	

