



# Oregon Coast Bank

## APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on any protected classification, including but not necessarily limited to race, age, religion, national origin, disability or gender.

Position and Branch for which you wish to apply: \_\_\_\_\_

Name:	Phone: (    )
Address:	
City, State, Zip:	

If you are under 18 years of age, can you provide proof of your eligibility to work? \_\_\_Yes \_\_\_No

Are you authorized to work in the U.S. on an unrestricted basis? \_\_\_ Yes \_\_\_ No

On what date would you be available to work? \_\_\_\_\_

Are there hours, shifts, or days you cannot or will work? \_\_\_\_\_

Are you seeking part-time or full-time work? \_\_\_\_\_

Are you able and/or willing to work overtime when necessary? \_\_\_\_\_

If you have ever been employed by another Bank, when, where, and in what capacity? \_\_\_\_\_

In addition to work history (next page,) what other experiences, skills or qualifications would especially fit you for work with our company?

\_\_\_\_\_

\_\_\_\_\_

## Employment History

Most Recent Employer	Address	Phone
Date Started	Starting Position	Starting Salary
Employment Ended	Position on Leaving	Salary on Leaving
Name and Title of Supervisor	Reason for Leaving	

May we Contact this Employer:  Yes  No  Not at this Time

Description of Duties: (Be Specific, add a separate page if necessary)

Next Most Recent Employer	Address	Phone
Date Started	Starting Position	Starting Salary
Employment Ended	Position on Leaving	Salary on Leaving
Name and Title of Supervisor	Reason for Leaving	

May we Contact this Employer:  Yes  No  Not at this Time

Description of Duties: (Be Specific add a separate page if necessary)

Next Most Recent Employer	Address	Phone
Date Started	Starting Position	Starting Salary
Employment Ended	Position on Leaving	Salary on Leaving
Name and Title of Supervisor	Reason for Leaving	

May we Contact this Employer:  Yes  No  Not at this Time

Description of Duties: (Be Specific, add a separate page if necessary)

### Personal References

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

EDUCATION	NAME AND LOCATION OF SCHOOL	Circle Last Year Completed	MAJOR	DIPLOMA OR DEGREE
HIGH SCHOOL		1 2 3 4		
COLLEGE/UNIV		1 2 3 4		
COLLEGE/UNIV		1 2 3 4		
<b>OTHER TRAINING/EDUCATION</b>				

<b>Check Skills or Equipment Operated</b>				
<input type="checkbox"/>	Computer Proficiency	<input type="checkbox"/>	Foreign Language (Specify: _____)	
<input type="checkbox"/>	Typing (Words Per Min: _____)	<input type="checkbox"/>	Other (Specify: _____)	
<input type="checkbox"/>	10 Key	<input type="checkbox"/>	Other (Specify: _____)	
<input type="checkbox"/>	Word	<input type="checkbox"/>		
<input type="checkbox"/>	Excel	<input type="checkbox"/>		
<input type="checkbox"/>	Cash Handling Experience	<input type="checkbox"/>		
<input type="checkbox"/>	Oregon Drivers License	<input type="checkbox"/>		

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other attached or supplementary materials) are true and complete without omissions. I understand that false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

YES       NO

I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of Oregon Coast Bank, or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement signed by the President

YES       NO

I also understand that no representative of Oregon Coast Bank has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current individual written agreement signed by the President.

YES       NO

**I have read, understand and agree with the above.**

Signature of the Applicant: \_\_\_\_\_ Date \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may or 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.

In the event of employment, I understand that false or misleading information in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application is valid only until the job opening in question has been filled. If I wish to be considered for other job openings I will submit a new application. I understand that applications are only accepted when a specific job opening exists and that applications must be submitted in person to be considered.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Background Investigation Authorization Form

I, \_\_\_\_\_ authorize Oregon Coast Bank to conduct a pre-employment background investigation as part of the application process for the position of:

\_\_\_\_\_.

I hereby authorize Oregon Coast Bank to procure or have prepared consumer reports and/or investigative consumer reports about me. I hereby authorize Oregon Coast Bank to procure or have prepared a criminal background report about me. I understand that, in connection with investigative consumer reports, information may be obtained through personal interviews with my neighbors, friends, associates, or other with whom I am acquainted regarding my character, general reputation, personal characteristics, and mode of living.

Upon my request to Oregon Coast Bank, I will be informed of whether a consumer report was requested and, if so, of the name and address of the consumer reporting agency that furnished the report. Upon my written request to Oregon Coast Bank, I will be informed of whether an investigative consumer report was requested, and if so, of the name and address of the consumer reporting agency to whom the request was made, together with a complete and accurate disclosure as to the nature and scope of the investigation. I further understand that, if I am granted employment, Oregon Coast Bank and/or companies affiliated with it may subsequently, from time to time, request consumer reports, other than investigative consumer reports, in connection with my employment.

I consent to the use of manual, electronic and computer based research when conducting this investigation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_