

APPLICANT INFORMATION *Print or type information.*

 DATE

PREFERRED FIRST NAME	<input type="text"/>		LAST NAME	<input type="text"/>	
STREET ADDRESS	<input type="text"/>	APT NO.	<input type="text"/>	PHONE	<input type="text"/>
CITY	<input type="text"/>		STATE	<input type="text"/>	ZIP
EMAIL	<input type="text"/>			DATE AVAILABLE	<input type="text"/>
POSITION DESIRED	<input type="text"/>				
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever worked for Armor Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which location?					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain?					

EDUCATION

HIGH SCHOOL	<input type="text"/>		TIME PERIOD OF ATTENDANCE	From	To
CITY	<input type="text"/>		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE	<input type="text"/>		TIME PERIOD OF ATTENDANCE	From	To
CITY	<input type="text"/>		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE <input type="text"/>
COLLEGE	<input type="text"/>		TIME PERIOD OF ATTENDANCE	From	To
CITY	<input type="text"/>		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE <input type="text"/>
COLLEGE	<input type="text"/>		TIME PERIOD OF ATTENDANCE	From	To
CITY	<input type="text"/>		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE <input type="text"/>
TRADE SCHOOL	<input type="text"/>		TIME PERIOD OF ATTENDANCE	From	To
CITY	<input type="text"/>		Did you complete training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	AREA OF STUDY <input type="text"/>

**EMPLOYMENT EXPERIENCE** *List information for last three places of employment.*

COMPANY	PHONE	
STREET ADDRESS	SUPERVISOR	
CITY	STATE	ZIP
JOB TITLE	STARTING SALARY	ENDING SALARY
RESPONSIBILITIES	TIME PERIOD OF EMPLOYMENT	From _____ To _____
May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		REASON FOR LEAVING

COMPANY	PHONE	
STREET ADDRESS	SUPERVISOR	
CITY	STATE	ZIP
JOB TITLE	STARTING SALARY	ENDING SALARY
RESPONSIBILITIES	TIME PERIOD OF EMPLOYMENT	From _____ To _____
May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		REASON FOR LEAVING

COMPANY	PHONE	
STREET ADDRESS	SUPERVISOR	
CITY	STATE	ZIP
JOB TITLE	STARTING SALARY	ENDING SALARY
RESPONSIBILITIES	TIME PERIOD OF EMPLOYMENT	From _____ To _____
May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		REASON FOR LEAVING



MILITARY SERVICE

BRANCH	TIME PERIOD OF SERVICE		From	To
HIGHEST RANK	<input type="checkbox"/> Active Duty	TYPE OF DISCHARGE		
If other than an honorable discharge, explain?				

PROFESSIONAL REFERENCES

FULL NAME OF REFERENCE	RELATIONSHIP		
COMPANY	PHONE		
ADDRESS	EMAIL		
CITY	STATE	ZIP	

FULL NAME OF REFERENCE	RELATIONSHIP		
COMPANY	PHONE		
ADDRESS	EMAIL		
CITY	STATE	ZIP	

FULL NAME OF REFERENCE	RELATIONSHIP		
COMPANY	PHONE		
ADDRESS	EMAIL		
CITY	STATE	ZIP	

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment termination.

Signature of Applicant

Date