



APPLICANT INFORMATION *Print or type information.*

DATE

PREFERRED FIRST NAME LAST NAME

STREET ADDRESS APT NO. PHONE

CITY STATE ZIP

EMAIL DATE AVAILABLE

POSITION DESIRED

Are you a citizen of the United States?

☐ Yes
☐ No

If no, are you authorized to work in the United States?

☐ Yes
☐ No

Have you ever worked for Armor Bank?

☐ Yes
☐ No

If yes, which location?

Have you ever been convicted of a felony?

☐ Yes ☐ No

If yes, explain?

EDUCATION

HIGH SCHOOL TIME PERIOD OF ATTENDANCE From To

CITY Did you graduate? ☐ Yes ☐ No

COLLEGE TIME PERIOD OF ATTENDANCE From To

CITY Did you graduate? ☐ Yes ☐ No DEGREE

COLLEGE TIME PERIOD OF ATTENDANCE From To

CITY Did you graduate? ☐ Yes ☐ No DEGREE

COLLEGE TIME PERIOD OF ATTENDANCE From To

CITY Did you graduate? ☐ Yes ☐ No DEGREE

TRADE SCHOOL TIME PERIOD OF ATTENDANCE From To

CITY Did you complete training? ☐ Yes ☐ No AREA OF STUDY



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

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

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

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



MILITARY SERVICE

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

PROFESSIONAL REFERENCES

FULL NAME OF REFERENCE	<input type="text"/>	RELATIONSHIP	<input type="text"/>
COMPANY	<input type="text"/>	PHONE	<input type="text"/>
ADDRESS	<input type="text"/>	EMAIL	<input type="text"/>
CITY	<input type="text"/>	STATE	<input type="text"/>
		ZIP	<input type="text"/>

FULL NAME OF REFERENCE	<input type="text"/>	RELATIONSHIP	<input type="text"/>
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CITY	<input type="text"/>	STATE	<input type="text"/>
		ZIP	<input type="text"/>

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ADDRESS	<input type="text"/>	EMAIL	<input type="text"/>
CITY	<input type="text"/>	STATE	<input type="text"/>
		ZIP	<input type="text"/>

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