



Grand Island 2015 N Broadwell Ave.  
 Kearney 1809 W 39<sup>th</sup> Street  
 Hastings 2815 Osborne Dr West  
 LaVista 9718 Giles Road  
 Omaha 8820 Arbor Street

### APPLICATION FOR EMPLOYMENT

Call 308-384-5350 or 800-576-4687

Applicants are considered for all positions and employees are treated during employment without regard to age, race, color, sex, national origin, religion, handicap, veteran status, marital or political affiliation.

Date of Application: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_ Location Applied For: \_\_\_\_\_

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
 STREET NUMBER CITY STATE ZIP

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

Are you at least 18 years or age? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_ May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give date: \_\_\_\_\_

Have you filed an application here before Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give date: \_\_\_\_\_

Can you provide proof if hired that you are eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give date: \_\_\_\_\_

*If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you did not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.*

On what date would you be available for work? \_\_\_\_\_ What days? \_\_\_\_\_  
 Are you available for work \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ What hours? \_\_\_\_\_

Have you been convicted of a felony with the last 7 years? (Conviction will not necessarily disqualify applicant from employment) Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

Veteran of the U.S. Military Service? Yes \_\_\_\_\_ No \_\_\_\_\_  
 yes, Branch: \_\_\_\_\_ If yes, specialized training: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin.)

Give name, address and telephone number of three references who are not related to you and are not previous employers.

### EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 – 8	9 – 12	1 – 4	1 – 4
Diploma/Degree				
Describe Course of Study				

Describe all certifications, specialized training and/or professional memberships:

Summarize special skills and qualifications acquired from employment experience:

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Telephone	Work Performed	Dates Employed	
Address			From	To
Job Title			Salary	
Supervisor			Start	Finish
Reason for leaving				

Employer	Telephone	Work Performed	Dates Employed	
Address			From	To
Job Title			Salary	
Supervisor			Start	Finish
Reason for leaving				

Employer	Telephone	Work Performed	Dates Employed	
Address			From	To
Job Title			Salary	
Supervisor			Start	Finish
Reason for leaving				

State any additional information you think may be helpful to us in considering your application:

\_\_\_\_\_

\_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-in  Employment Agency  Other

\_\_\_\_\_

<p><b>Application Statement</b></p> <p>These answers are true and complete to the best of my knowledge. The company may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge, regardless of when discovered. I understand that this application is not a contract or employment and that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the company may be terminated by either party at any time, with or without cause.</p> <p>Additionally, I authorize the company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the company deems appropriate.</p>
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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Five Points Bank is an Equal Opportunity Employer of women, minorities, protected veterans and individuals with disabilities. Applicants are active for 60 days only.



*"The Better Bank"*  
**FIVE POINTS BANK**  
MEMBER FDIC

**Credit/Back Ground Report  
Authorization Form**

I authorize Five Points Bank to obtain a Credit/Back Ground Report. Upon my request I may receive a copy of the report.

**Name** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Date \_\_\_\_\_

**Applicant Data Record (Voluntary Submission)**

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

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

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, creed, sex, national origin, ancestry, age, marital or veteran status, disability or any other legally protected status.

As an employer we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

**Affirmative Action Survey**

Government agencies require periodic reports on sex, ethnic, handicapped, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one:  Male  Female

Check one of the following:

Race/Ethnic Group:

- White  Black or African American  Hispanic or Latino  Asian  
 American Indian or Alaskan Native  Native Hawaiian or other Pacific Islander  
 Two or More Races

Check if any of the following are applicable

- Veteran  Disabled Veteran Dates in service \_\_\_\_\_  
 Disabled Individual

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

Date \_\_\_\_\_