Bement Bancshares, Inc.

EMPLOYMENT APPLICATION

Application Information

Full name: _____ Date: _____

Last *First* *M.I.*

Address: _____ Phone: _____

Street address *Apt/Unit #*

_____ Email: _____

City *State* *Zip Code*

Date available: _____ SS Number: _____ Desired salary: $ _____

Position applied for: _____

Type of employment desired: FT ☐ PT ☐

Are you a citizen of the United States? Yes ☐ No ☐ If no, are you authorized to work in the US? Yes ☐ No ☐

Have you ever worked for this company? Yes ☐ No ☐ If yes, when? _____

Education

School name	Location	Years attended	Degree received	Major

References

Please list three professional references.

Name	Phone number	Relationship	Years Known

Previous Employment

Please provide employment information for your past employers starting with the most recent.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Disclaimer and Signature

I hereby authorize the State Bank of Bement to contact, obtain, and verify the accuracy of information contained in this application of employment from all previous employers, educational institutions, and references. I also hereby release from liability the State Bank of Bement and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that misrepresentations or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application is not an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the forgoing, and that I seek employment under these conditions.

Signature: _____ Date: _____