



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color religion, creed, gender, national origin, age, disability, marital or protected veterans, or any other protected status.

Position Applying For _____ Date of Application _____

How did you learn about us? Employment Agency _____

Employee _____ Other _____

Applicant

Last Name

First Name

Middle Name

Address

Address

City

State

Zip

Telephone Number _____ Cell Phone Number _____

If you are under 18 years of age, can you provide required proof of eligibility to work?	Yes	No
Are you prevented from lawfully completing an INS Form 1-9?	Yes	No
Have you filed an application with us before?	Yes	No
If yes, please provide the date: _____		
Have you ever been employed with us before?	Yes	No
If yes, please provide the date: _____		
Do you have any relatives working for Farm Bureau Bank?	Yes	No
If yes, please provide their name and position: _____		
Are you currently employed?	Yes	No
Have you been convicted of a felony in the last 7 years?	Yes	No
Are you able to travel if the job requires it?	Yes	No

Dates Available for Work: _____ Desired Salary Range: _____

EDUCATION

	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School				
College/University				
Graduate				
Other				

WORK EXPERIENCE

Employer	Start Date:	End Date:	Starting Pay:	Ending Pay:
Position Title	Work Duties Performed			
Supervisor Name				
Phone Number	Reason For Leaving			

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Position Title	Work Duties Performed			
Supervisor Name				
Phone Number	Reason For Leaving			

COMMENTS

Summarize other employment related to this job. Include any gaps in employment.

MILITARY

Are you a veteran? Yes No

Duty/Specialized Training:

SKILLS & QUALIFICATIONS

Other qualifications such as special skills or abilities that should be considered:

Types of computers or software:

Professional licenses or certifications:

Additional skills, including supervision skills, other languages or information regarding your experience you wish to bring to our attention:

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors

Name	Phone Number	Occupation	Years known

Name	Phone Number	Occupation	Years known

Name	Phone Number	Occupation	Years known

CERTIFICATION

I certify that the answers given herein (and in the accompanying resume, if any) are true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date. I authorize a thorough employment background investigation and agree to cooperate in such investigations. I agree to release from all liabilities or responsibilities, all persons, agencies, and corporations requesting or supplying such information. I understand that if employed, my employment is for no definite period of time and that I may terminate my employment relationship with the company at any time for any reason and that the company has the same right. I also understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing, or to make any assurance or promise of continued employment. I hereby agree to submit to any lawful drug, alcohol, or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including termination. I understand that according to federal law all individuals must, as a condition of employment, produce certain documentation to verify their identity as a U. S. citizen or if aliens, their legal authorization to work in the U. S. As a result, I understand that any employment offer would be contingent upon producing the required documentation within the time period required by law.

SIGNATURE OF APPLICANT

Signature

Date

EMPLOYMENT APPLICATION DISCLOSURE & RELEASE FORM

As part of the application process for Employment hiring purposes from **Farm Bureau Bank**, I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current addresses and/or employment, database search, criminal history records from state or national, moving violations report, federal and other agencies, bankruptcy records, and credit history. I understand that these records may be used for the eligibility of my employment application. I authorize without reservation the full release of these records for SARMA and/or its agents to obtain information.

I also release and discharge SARMA, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, on behalf of this application for employment and if hired throughout the duration of my employment. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for termination of my employment.

SARMA will upon request, supply a copy of the credit report and my rights under the Fair Credit Reporting Act. SARMA can be reached at 1-800-955-5238.

CREDIT/CRIMINAL/MVR/VERIFICATION RELEASE AUTHORIZATION

I hereby authorize SARMA to obtain a credit/criminal report in connection with my application at **Farm Bureau Bank**. I understand that my credit report and the information therein shall be used in compliance with the Fair Credit Reporting Act or appropriate regulations. I also understand that I have a right to obtain a copy of my own credit report and can dispute any information.

Applicant

Last Name

First Name

Middle Name

Maiden or Former Name

Current Address

Address

City

State

Zip

Former Address (if less than 5 Years at Current Address)

Address

City

State

Zip

Social Security Number

Date of Birth

Driver's License Number

State of Issue

Signature

Date

AFFIRMATIVE ACTION SURVEY FORM

Please note that submission of this form is VOLUNTARY

Farm Bureau Bank is a government contractor and we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Again, submission is completely voluntary and will not be seen by the hiring team or used against you in any way.

Farm Bureau Bank does not discriminate on the basis of race, color, national origin, age, sex, religion, marital status, veteran status, disability or any other non-job- related characteristic.

Gender: Female Male Choose not to identify

Ethnicity/Race

American Indian or Alaskan Native -A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Choose not to identify

Veteran & Disability Status

Disabled Individual (Non-Veteran): individual with a physical or mental impairment which substantially limits one or more of such person's major life activities; a record of such impairment or is regarded as having such an impairment.

Disabled Veteran: person released from service because of a service-connected disability OR person entitled to compensation under laws administered by the Secretary of Veterans Affairs (or would be entitled but for receipt of military retired pay)

Recently Separated Veteran: a veteran during the 3-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military.

Armed Forces Service Medal Veteran: veteran who, while service on active duty in the U.S. military, participated in a military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Vietnam Era Veteran: Person who served on active duty in the U.S. military for a period of more than 180 days in the Republic of Vietnam between February 28, 1961, and May 7, 1975 or in any other case between August 5, 1964 and May 7, 1975.

Other Protected Veteran: Person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Choose not to identify

Name (Print)

Date