

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? | <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? Yes No If yes, explain?

EDUCATION

| | | |
|-----------------------------------|---|---|
| HIGH SCHOOL <input type="text"/> | TIME PERIOD OF ATTENDANCE | From <input type="text"/> To <input type="text"/> |
| CITY <input type="text"/> | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| COLLEGE <input type="text"/> | TIME PERIOD OF ATTENDANCE | From <input type="text"/> To <input type="text"/> |
| 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 <input type="text"/> To <input type="text"/> |
| 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 <input type="text"/> To <input type="text"/> |
| 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 <input type="text"/> To <input type="text"/> |
| 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? Yes No REASON FOR LEAVING

COMPANY PHONE

STREET ADDRESS SUPERVISOR

CITY STATE ZIP

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JOB TITLE STARTING SALARY ENDING SALARY

RESPONSIBILITIES TIME PERIOD OF EMPLOYMENT From To

May we contact your previous employer for a reference? Yes No REASON FOR LEAVING



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? <input type="text"/> | | | | |

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"/> | | |
| 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"/> | | |
| 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"/> |

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