



EMPLOYMENT APPLICATION

Hastings State Bank is an Equal Opportunity Employer and provides fair treatment to all employees and job applicants in the areas of personnel and employment practices. Equal employment opportunities are offered to all persons without regard to race, color, religion, age, marital or veterans' status, sex national origin, citizenship, disability, or any other legally protected status.

GENERAL INFORMATION

_____ Social Security Number

_____ Telephone Number

_____ Last Name

_____ First Name

_____ MI

_____ Street Address

_____ City/State

_____ Zip Code

POSITION INFORMATION

Position Applying For: _____ Date Available: _____

Are you age 18 or older? yes no

Can you work overtime hours? yes no

Salary/Rate of pay desired: _____

What type of work are you available for? Full-time Part-time Seasonal Temporary

Are you a U.S. Citizen or can you show proof of employment eligibility, if hired? yes no

Have you been convicted of a felony violation in the last five years? yes no

If yes, explain: _____

EDUCATION

High School: _____ City/State: _____

Did you Graduate? yes No

College/Other: _____ City/State: _____

Number of years completed: _____ Degree: _____

SKILLS & QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

EMPLOYMENT HISTORY

Please list your employment history beginning with your most recent employment.

Employer: _____ Employer Address: _____
Employer Phone: _____ Supervisor's Name: _____
Dates of Employment: From: _____ To: _____
Position Title: _____ Salary/Rate of Pay: _____
Describe Your Duties: _____

Reason for Leaving: _____

Employer: _____ Employer Address: _____
Employer Phone: _____ Supervisor's Name: _____
Dates of Employment: From: _____ To: _____
Position Title: _____ Salary/Rate of Pay: _____
Describe Your Duties: _____

Reason for Leaving: _____

Employer: _____ Employer Address: _____
Employer Phone: _____ Supervisor's Name: _____
Dates of Employment: From: _____ To: _____
Position Title: _____ Salary/Rate of Pay: _____
Describe Your Duties: _____

Reason for Leaving: _____

May we contact the employers listed above? yes no If no, why? _____

References

Name _____	Phone _____	Years Known _____
Name _____	Phone _____	Years Known _____
Name _____	Phone _____	Years Known _____

I certify that the information provided by me on this application is correct. I understand that any false or misleading statements may result in rejection of my application and/or if employed, termination of employment. I hereby authorize each and every former employer, person, firm or corporation to answer any and all questions that may be asked regarding my employment. I release said parties from all liability for any damages resulting from issuance of such information.

I understand that, if employed, my employment is for no fixed term. I reserve the right to voluntarily terminate my employment at any time without cause or notice and the Company reserves the same privilege. I understand that no employee, officer, or agent of the Company may bind it to anything contrary to the above by oral or printed statements, including handbooks, benefit booklets, or other forms of communication.

Signature

Date

Hastings State Bank, P.O. Box 2178, Hastings, NE 68902-2178
Employment Inquiry Release for Consumer Reports/Background Investigation



In connection with my application for employment with you, I understand that investigative background inquiries are to be made concerning but not limited to my character, work habits, performance and experience.

I also understand that you will be requesting this information from Federal, State, Local and private agencies. I understand that the information requested will include but not be limited to my credit history, criminal history, civil court history, workers ' compensation history, driving record, educational history, personal references, previous employment history and other reports.

I authorize, without reservation, any party, agency or agency representative contacted by Hastings State Bank, the agent or agency representative to furnish the above-mentioned information or reports.

I hereby consent to your obtaining the above-mentioned information and reports and agree to indemnify and hold you harmless for record content, errors or omissions.

Print Name

Other Former Names

Address (including City, State, Zip

Telephone Number including Area Code

Date of Birth*

*This information is voluntary. However, without it, we will be unable to properly identify you in the event we find adverse information during the course of our background check.

Signature: _____

Date: _____

To be completed by employer:

Name/Title of Company Representative requesting reports: _____

Signature: _____

Date: _____