

EMPLOYMENT APPLICATION



Northfield • Cannon Falls • Roseville

CRB.bank

Member FDIC

**AN EQUAL OPPORTUNITY/
AFFIRMATIVE ACTION EMPLOYER**

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

PERSONAL DATA

Name (Last)	(First)	(Middle)	DATE
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CURRENT ADDRESS

Street	City	State	Zip
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PERMANENT ADDRESS

Street	City	State	Zip
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CELL PHONE ()	EMAIL ADDRESS	Are you over the age of 16? Yes No
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Can you provide documentation to verify your identity and legal authority to work in the United States? Yes No

Have you ever been convicted of a misdemeanor, felony or convicted in a military court martial? Yes No If yes, give the date and explain:

(A conviction will not necessarily disqualify you from employment. "Convicted" includes finding of guilt by a judge/jury, and a plea of guilty or "no contest." You also agree to promptly notify Community Resource Bank if you are later convicted of a misdemeanor or a felony.)

POSITION APPLYING FOR

POSITION OR TYPE OF WORK DESIRED:	Check those you are interested in: Full-Time Part-Time Temporary
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CHECK DAYS AVAILABLE M T W TH F S SU	HOURS AVAILABLE Days Evenings	DATE AVAILABLE
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How did you hear about Community Resource Bank?

Have you ever been employed by Community Resource Bank? Yes ___ No ___

If yes, when? _____

EDUCATION AND TRAINING

Select last year completed	Grade, Trade, or High School	Tech./College	Graduate
	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3

List all high schools, business or trade schools, and colleges attended.

NAME AND LOCATION	MAJOR/MINOR	DEGREE GRANTED

List extracurricular activities (include offices held, scholarships, awards, honors, sports, etc.) You are not required to list activities which may reveal your race, age, religion, sex, national origin, marital status, sexual orientation, or any disability.

EMPLOYMENT RECORD

Please list employers (full-time and part-time) and military service. If you list any employment prior to 5 years from today's date, do not list the dates of employment. Instead, for all employment more than 5 years from today, list the total number of years and months you were consecutively employed by each employer (i.e., 2 years, 5 months). Please indicate what name you used during these periods of employment, if different from your present name.

CURRENT/MOST RECENT	Employer	From ___/___/___ To ___/___/___ (Mo./Yr.) (Mo./Yr.)
	Address	Telephone ()
		Hours Worked Per Week:
	Position Title	Supervisor and Title
	Summary of Duties	
	Reason for Leaving	
FIRST PREVIOUS	Employer	From ___/___/___ To ___/___/___ (Mo./Yr.) (Mo./Yr.)
	Address	Telephone ()
		Hours Worked Per Week:
	Position Title	Supervisor and Title
	Summary of Duties	
	Reason for Leaving	
SECOND PREVIOUS	Employer	From ___/___/___ To ___/___/___ (Mo./Yr.) (Mo./Yr.)
	Address	Telephone ()
		Hours Worked Per Week:
	Position Title	Supervisor and Title
	Summary of Duties	
	Reason for Leaving	
THIRD PREVIOUS	Employer	From ___/___/___ To ___/___/___ (Mo./Yr.) (Mo./Yr.)
	Address	Telephone ()
		Hours Worked Per Week :
	Position Title	Supervisor and Title
	Summary of Duties	
	Reason for Leaving	

If you were self-employed or unemployed for three consecutive months or more within the past five years, please indicate the dates and provide an explanation below.

May we contact all of the above employers for references? If no, list the employers not to be contacted and give reason.

Employer _____ Reason _____

Employer _____ Reason _____

Please list membership(s) in professional or civic organizations. You are not required to list any which reveal your race, age, religion, creed, sex, color, national origin, marital status, sexual orientation, disability, or status with regard to public assistance.

If you need additional space to complete any of the previous items, please attach a separate sheet to this application form.

IMPORTANT – READ BEFORE SIGNING

I authorize Community Resource Bank to investigate the information contained in this application or otherwise provided by me and release Community Resource Bank (and its employees and agents) from any and all liability for seeking information and opinions on me. I authorize all employers, educational institutions, entities, and persons listed in this application or identified by me to provide information about me and hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information.

I certify that the information I provided Community Resource Bank in this application and during the hiring process is true and complete. I understand and acknowledge that any false, misleading, or incomplete information in the application or during the hiring process may result in rejection of my application or, if I have been hired, immediate termination of employment.

I understand that nothing contained in this employment application or in the granting of an interview, and no Community Resource Bank policies, procedures, or handbooks that I might receive if I am hired, are intended to create an employment contract between Community Resource Bank and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Community Resource Bank unless made in writing and signed by an authorized officer of Community Resource Bank. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that Community Resource Bank retains the same right.

Applicant's Signature _____ Today's Date _____

PAY TRANSPARENCY NONDISCRIMINATION PROVISION

Community Resource Bank will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information.

If you believe that you have experienced discrimination contact OFCCP
1.800.397.6251 | TTY 1.877.889.5627 | www.dol.gov/ofccp