



Elmore | Fremont | Genoa | Maumee | Millbury | Oregon | Perrysburg/Rossford | Port Clinton/Catawba | Sylvania | Downtown Toledo

EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer

PERSONAL INFORMATION

Name (Last, First, M.I.)		Social Security Number
Street Address		
City, State, Zip		
Home Phone	Cell Phone	Email

GENERAL INFORMATION

Have you ever been employed with GenoaBank? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when?
What position are you applying for?	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Who referred you?	Rate of pay expected
Do you have the legal right to be employed in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you over the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available to Work						

EDUCATION AND TRAINING

Type of School	Name & City of School	Course or Major	Type of Degree Earned
High School			
Technical School			
College/University			
Other			

ADDITIONAL TRAINING, CERTIFICATIONS, SPECIAL SKILLS, OR LICENSURES

1.
2.
3.

EMPLOYMENT HISTORY (List most recent experience first and attach additional sheet if necessary)

1	Company Name		Start Date	End Date	Position(s) Held
	Address, City, State, Zip		Job Duties/Responsibilities		
	Phone Number	Supervisor's Name			
	Starting Wage: <input type="checkbox"/> Hourly <input type="checkbox"/> Annually \$	Ending Wage <input type="checkbox"/> Hourly <input type="checkbox"/> Annually \$	Reason for Leaving		

2	Company Name		Start Date	End Date	Position(s) Held
	Address, City, State, Zip		Job Duties/Responsibilities		
	Phone Number	Supervisor's Name			
	Starting Wage: <input type="checkbox"/> Hourly <input type="checkbox"/> Annually \$	Ending Wage <input type="checkbox"/> Hourly <input type="checkbox"/> Annually \$	Reason for Leaving		

3	Company Name		Start Date	End Date	Position(s) Held
	Address, City, State, Zip		Job Duties/Responsibilities		
	Phone Number	Supervisor's Name			
	Starting Wage: <input type="checkbox"/> Hourly <input type="checkbox"/> Annually \$	Ending Wage <input type="checkbox"/> Hourly <input type="checkbox"/> Annually \$	Reason for Leaving		

4	Company Name		Start Date	End Date	Position(s) Held
	Address, City, State, Zip		Job Duties/Responsibilities		
	Phone Number	Supervisor's Name			
	Starting Wage: <input type="checkbox"/> Hourly <input type="checkbox"/> Annually \$	Ending Wage <input type="checkbox"/> Hourly <input type="checkbox"/> Annually \$	Reason for Leaving		

PROFESSIONAL REFERENCES

Name	Business Relationship and Title	Phone Number(s)	Years Known
Name	Business Relationship and Title	Phone Number(s)	Years Known

READ CAREFULLY AND SIGN

I certify that I have read and understand all of this employment application. I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal of this application. It is agreed and understood that GenoaBank or its agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with GenoaBank, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand, if offered a job, it may be conditioned on the results of a credit check and criminal background check. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____

Date _____