



APPLICATION FOR EMPLOYMENT

Position Applying For: _____

Date of Application: _____

PERSONAL INFORMATION					
Last Name:		First:		Middle Initial:	
Present Street Address:				Apartment/ Unit #:	
City:		State:		Zip Code:	
Phone:		E-mail Address:			
Are you at least age 18? (Proof of age and work permits may be required prior to hiring.)	YES	NO			
Are you legally eligible to work in the United States?	YES	NO	Can you present proof of your legal right to live and work in the U.S?	YES	NO
Have you ever worked for this company?	YES	NO	If so, when?		
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? <small>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)</small>	YES	NO	If necessary, please describe what type(s) of reasonable accommodations are needed. _____ _____ _____		
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) <small>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)</small>	YES	NO	If yes, state the nature of the crime(s), when and where convicted, and disposition of case. _____ _____ _____		
Are you currently under arrest pending trial? If yes, what is the charge? _____ _____	YES	NO	Describe how this will affect your availability for work, if at all: _____ _____ _____		
Do you have a reliable means of transportation to and from work?	YES	NO			

EDUCATION									
High School:					No. of Years Completed:		Did you graduate? YES NO		
Address			City		State		Zip Code		Degree or Diploma:
College/University:					No. of Years Completed:		Did you graduate? YES NO		
Address			City		State		Zip Code		Degree or Diploma:
Other:					No. of Years Completed?		Did you graduate? YES NO		
Address			City		State		Zip Code		Degree or Diploma:
GENERAL INFORMATION									
Date available to start:					Full-time		Part-time		
Days and		Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available		From:	_____						
to Work		To:	_____						
What interested you in the company?									
Bank of Santa Clarita is an equal opportunity employer. Bank of Santa Clarita does not discriminate in any aspect of employment, on the basis of race, color, religion, sex, national origin or ancestry, age , physical or mental disability, medical condition including genetic characteristics or any other category protected by applicable state or federal civil rights laws.									
EMPLOYMENT/WORK EXPERIENCE									
Please list all of your present and past employment in the past five years. You must complete this section even if attaching a resume. (If applicable, you may list work performed on a voluntary basis. If additional pages are needed, please attach.)									
Company No. 1 (present or most recent employer)					Address			Telephone Number	
Employed (Month and Year)				Rate of Pay			Average Number of Hours Worked Per Week:		
From:		To:		Start:		Ending:			
Position(s) Held:					Supervisor's Name and Position:				
Describe all of your significant duties:									
May we contact this employer for reference?			YES		NO				
Reason for leaving:									

Company No. 2		Address		Telephone Number	
Employed (Month and Year)		Rate of Pay		Average Number of Hours Worked Per Week:	
From:	To:	Start:	Ending:		
Position(s) Held:		Supervisor's Name and Position:			
Describe all of your significant duties:					
May we contact this employer for reference?		YES	NO		
Reason for leaving:					
Company No. 3		Address		Telephone Number	
Employed (Month and Year)		Rate of Pay		Average Number of Hours Worked Per Week:	
From:	To:	Start:	Ending:		
Position(s) Held:		Supervisor's Name and Position:			
Describe all of your significant duties:					
May we contact this employer for reference?		YES	NO		
Reason for leaving:					
Please identify and explain all periods of unemployment during the last five years:					
From:	To:	Reason for Unemployment			

REFERENCES					
List below three persons (professional and personal) not related to you who have knowledge of your work performance within the last three years.					
Reference No. 1					
First Name:		Last Name:		Phone:	
Street Address:			City:		State: Zip Code:
Occupation:		Relationship:		Number of Years Acquainted:	

Reference No. 2				
First Name:		Last Name:		Phone:
Street Address:		City:		State: Zip Code:
Occupation:		Relationship:		Number of Years Acquainted:
Reference No. 3				
First Name:		Last Name:		Phone:
Street Address:		City:		State: Zip Code:
Occupation:		Relationship:		Number of Years Acquainted:

Please read carefully, initial each paragraph and sign below.

_____ I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification, or material omission of information on this application or on any document used to secure employment may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment regardless of the time elapsed before discovery.

_____ In consideration of my employment, I agree to conform to the rules and standards of the Company, I further agree nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment and compensation is for no definite or determinable period and can be terminated at will, with or without cause and with or without notice, at any time, either by myself or at the option of the Company. I further, understand that no employee or representative of the Company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the president of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written, or collateral agreements regarding this issue.

_____ I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signature of Applicant

Date



AN EQUAL OPPORTUNITY EMPLOYER

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING: PLEASE CONTACT:

CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

