



Community National Bank

Employment Application

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate such. We appreciate your interest in Community National Bank.

We are an **Affirmative Action/ Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact a company representative. This application for employment will be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should reapply by completing another employment application.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Email Address	
	Address		Phone Number	
	City		State	Zip
	Position Applied For		Rate of Pay Desired / Expected	
	Are you Available For <i>(check all that apply)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date(s) Available For Work	
	How were you referred to Company Name? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Other _____			
	Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever filed an application or interviewed for employment with Community National Bank? If yes, give month and year ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed by Community National Bank before? If yes, give dates From ____/____/____ To ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <i>Employment eligibility verification will be required upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	Number of Years Completed <i>(do not give dates)</i>	Course of Study	Diploma or Degree Obtained
	High School or Preparatory School				
	College				
	Other				

U.S. MILITARY HISTORY

Yes No

U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty
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SKILLS	Typing Speed: _____ WPM	Data Entry: _____ # Numeric Keystrokes/Hour	_____ # Alpha Keystrokes/Hour
	Computer Skills:		
	List any additional skills, technical or professional knowledge that you feel would support your application:	List certificates, licenses or professional achievements that would support your qualifications for employment:	

EMPLOYMENT HISTORY Provide employment information for the last 10 years, starting with the most recent employer first. If you have had more than four employers and need more space, provide this information on another sheet and attach to this Application.

Present or Last Employer

If current employer, may we contact? Yes No

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Current or Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

Next Previous Employer

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

Next Previous Employer

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

Next Previous Employer

Name of Employer	Phone Number
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Address	City / State / Zip
Employment Dates (Month/Year)	Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

REFERENCES (Other than relatives or former supervisors; list three)

Name/Occupation	Phone Number
Address City State Zip	Years Known
Name/Occupation	Phone Number
Address City State Zip	Years Known
Name/Occupation	Phone Number
Address City State Zip	Years Known

READ CAREFULLY AND SIGN BELOW

I certify that this employment application was completed by me, and that all statements given herein are true and complete to the best of my knowledge. I understand that misrepresentation or omission of any material fact may be cause for rejection of my application, or if already hired termination of my employment.

I authorize Community National Bank (the "Company") or any of its subsidiaries to verify all of the information I have provided on this application or furnished elsewhere, and to obtain any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release Community National Bank and its employees from all liability for any damage that may result from reliance on the information furnished.

I understand that if employed I am required to abide by all policies, rules and regulations of Community National Bank. I also understand and agree that, if hired, my employment with Community National Bank is "at-will" and is for no definite period, and may be terminated by Community National Bank at any time, for any reason, with or without cause or notice. At the same time, I understand that employees may terminate their employment at any time for any reason.

Date _____ Signature of Applicant _____