

Application For Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For						Date of Application	
How Did You Learn About Us?							
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Website		<input type="checkbox"/> Other _____			
Last Name		First Name			Middle Name		
Address	Number	Street	City	State	Zip Code		
Telephone Number(s)					Social Security Number		

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Are you related to anyone currently employed with us? Yes No
 If Yes, give who _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigrant Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.
 If Yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study and Grade Average	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

List professional, trade, business or civic activities or offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Describe any specialized training, apprenticeship, skills and extra curricular activities including any military experience.

Specialized Skills

Check skills/Equipment Operated

Copier
 Fax
 Internet
 Excel
 Calculator
 Windows
 Microsoft Word

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
5.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached, or posted on line.

____ YES ____ NO

Personal References (Do not include relatives or former supervisors.)

1.	_____ (Name)	() _____ Phone #
	_____ (Address)	
2.	_____ (Name)	() _____ Phone #
	_____ (Address)	
3.	_____ (Name)	() _____ Phone #
	_____ (Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including a Credit history, Background check, and prior work experience.

This application for employment shall 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 inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

**AUTHORIZATION TO OBTAIN
CONSUMER CREDIT REPORT**

I have been notified that Security Federal Bank would like to obtain my consumer credit report in connection with my application for employment. I authorize Security Federal Bank to obtain such report and release Security Federal Bank from any liability connected with obtaining said report.

Applicant's Signature

Date

Print Name

Date

APPLICANT DRUG TESTING CONSENT AGREEMENT

As a prerequisite to employment, I hereby agree to allow the Security Federal Bank and/or its agents to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent for the release of my test results to authorized Bank Management for appropriate review.

I understand that the results of the drug testing of my urine, if positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that if employed by the Bank, I must abide by the terms of the Bank's substance abuse policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with the Bank. Disciplinary action, up to and including discharge may result if I refuse to consent to such testing.

I hereby consent to the administration of the drug test and to the terms and conditions of the Consent Agreement.

Applicant's Signature Date

**AUTHORIZATION TO OBTAIN BACKGROUND CHECK AND
EMPLOYMENT ELIGIBILITY VERIFICATION**

I have been notified that Security Federal Bank would like to obtain a criminal background check and verify my eligibility to work in the United States in connection with my application for employment. I authorize Security Federal Bank to obtain such reports and release Security Federal Bank from any liability connected with obtaining said reports.

Applicant's Signature Date

Print Name Date



VOLUNTARY
SELF IDENTIFICATION

The information requested below is used by Security Federal Bank only to maintain records required of employers doing business with the federal government. YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT. If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment opportunities. The form will be kept in a confidential file separate from employment applications.

Security Federal Bank is an equal employment opportunity employer.

PLEASE PRINT

Date _____

Name _____

Referral Source _____

Position (s) Applied For _____

AFFIRMATIVE ACTION SURVEY & EEO SELF IDENTIFICATION

Government agencies require periodic reports on the sex, ethnicity, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of all information is voluntary.

Check One: Male Female

Race/Ethnicity

Are you Hispanic or Latino? Yes No

If you answered "No" above, please identify your ethnicity below:

- White Black or African American
- Native Hawaiian or Other Pacific Islander Asian American Indian or Alaska Native
- Two or More Races (not Hispanic or Latino) – All persons who identify with more than one of the races above, excluding Hispanic or Latino

Check if any of the following are applicable:

- Disabled Veteran Other Protected Veteran Recently Separated Veteran
- Armed Forces Service Medal Veteran