

Application For Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, genetics, 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"/> Recruiting Website		<input type="checkbox"/> Website		<input type="checkbox"/> Referral Source/Name _____	
Last Name		First Name		Middle Name	
Address		City	State	Zip Code	County
Home Phone #	Cell Phone#	E-mail Address		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

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, genetics, 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

<input type="checkbox"/> Copier	<input type="checkbox"/> Fax	<input type="checkbox"/> Excel	<input type="checkbox"/> Powerpoint
<input type="checkbox"/> Windows	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Outlook	

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, genetics, 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?

____YES ____NO

Personal References (Do not include relatives.)

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

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

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

WE CONSIDER APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN, AGE, VETERAN STATUS, OR ANY NON-JOB RELATED DISABILITY. EQUAL ACCESS TO PROGRAMS, SERVICE AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY THE INDIVIDUAL RESPONSIBLE FOR HUMAN RESOURCES.

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED. APPLICATIONS WILL BE CONSIDERED FOR VACANCIES WHICH ARISE DURING THE 60 DAY PERIOD FOLLOWING SUBMISSION. APPLICANTS SHOULD COMPLETE AN UPDATED APPLICATION IF NOT CONTACTED AND/OR HIRED DURING THIS 60 DAY EVALUATION PERIOD.

PLEASE COMPLETE THIS FORM CAREFULLY IN YOUR OWN HANDWRITING. REPLIES TO ALL QUESTIONS WILL BE HELD IN STRICTEST CONFIDENCE.

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED IN FULL. PLEASE INDICATE THE SPECIFIC JOB TITLE FOR WHICH YOU ARE INTERESTED IN BEING CONSIDERED. INDIVIDUALS WHO EXPRESS AN INTEREST IN "ANY" POSITION, OR A GENERIC TITLE WILL NOT BE CONSIDERED FOR EMPLOYMENT.

THE BANK IS COMMITTED TO MAINTAINING A WORKPLACE FREE OF THE PROBLEMS ASSOCIATED WITH DRUG OR ALCOHOL ABUSE. AS SUCH, ALL APPLICANTS ARE REQUIRED TO UNDERGO TESTING AS PART OF THE PRE-EMPLOYMENT PROCESS. IF YOU CURRENTLY USE ILLEGAL DRUGS, WE SUGGEST THAT YOU NOT COMPLETE THE APPLICATION PROCESS. A POSITIVE DRUG TEST WILL RESULT IN DISQUALIFICATION FROM EMPLOYMENT OR WITHDRAWAL OF ANY EMPLOYMENT OFFER.

POSITION SOUGHT: _____

DATE: _____

SELF-IDENTIFICATION FORM FOR VETERANS

NAME: _____

DATE: _____

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

• A **“disabled veteran”** is one of the following:

- a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.

• A **“recently separated veteran”** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

• An **“active duty wartime or campaign badge veteran”** means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

• An **“armed forces service medal veteran”** means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA). In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with VEVRAA.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

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. SUBMISSION OF THIS INFORMATION IS VOLUNTARY, AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE ACTION. If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment with Security Federal Bank, which is an equal employment opportunity employer. The form will be kept in a confidential file separate from employment applications.

PLEASE PRINT

Date_____

Name_____

Referral Source_____

INVITATION TO SELF-IDENTIFY

What is your gender?

Check One: Male Female

What is your race/ethnicity? (you may mark only one box)

Hispanic or Latino

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

Asian (not Hispanic or Latino)

American Indian or Alaska Native (not Hispanic or Latino)

Two or More Races (not Hispanic or Latino) – All persons who identify with more than one of the above five races.