



JOB APPLICATION

First Choice Bank / First Choice Insurance
19 South Main Street, PO Box 29 Pontotoc, MS 38863



IMPORTANT: The filing of an application does not guarantee employment. You will still be expected to meet specific employment standards. Bank policy and federal laws prohibit discrimination in employment on the basis of race, color, religion, sex (including pregnancy, gender identity and sexual orientation), parental status, national origin, age, disability, genetic information (including family medical history), political affiliation, military service, or other non-merit based factors. Your answers to all questions will be held in strictest confidence. If you require additional space, please use an additional sheet of paper.

Please remember to complete ALL sections below and sign all applicable fields. Incomplete applications will be rejected.

Applicant's Name

Address

City, State and Zip

Phone Number

Email Address

Social Security #

If you are not a US citizen, state type of visa you have and visa #:

Name shown on previous school, employment records, etc:

Have you ever been employed by FCB/FCI: Yes No

When, Where, Position?

Are you related to anyone at FCB / FCI? Yes No

Name and Relationship?

How were you referred to FCB/FCI?

Date you're available to start work:

JOB REQUIREMENTS

Type of job desired (*be specific*)

Minimum Salary Required

Which location are you applying for? (*Select one*)

Is there a location where you will *NOT* consider working?

Check which type of employment desired: Full Time Part Time Temporary Summer

Willing to work overtime?

State any limitations of working hours:

EDUCATION AND TRAINING

High School

Name of School	Location(City,State)	Year Graduated	Degree earned

College/University

Name of School	Location(City,State)	Year Graduated	Degree earned

Vocational School/Specialized Training

Name of School	Location(City,State)	Year Graduated	Degree earned

Do you plan to continue your formal education? Yes No

If so, when, where and what courses?

List any academic or community activities, honors, and offices held. _____

List any skills and aptitudes (such as typing, accounting, Excel etc) you feel qualify you for the position applied for. _____

EMPLOYMENT HISTORY

List former employment in reverse chronological order, beginning with your current or most recent employer first.

Employer	_____	Dates Employed	_____
Address	_____		
Phone	_____	Supervisor	_____
Starting Salary	_____	Ending Salary	_____
Reason for leaving	_____		
Job Duties	_____		

Employer	_____	Dates Employed	_____
Address	_____		
Phone	_____	Supervisor	_____
Starting Salary	_____	Ending Salary	_____
Reason for leaving	_____		
Job Duties	_____		

Employer	_____	Dates Employed	_____
Address	_____		
Phone	_____	Supervisor	_____
Starting Salary	_____	Ending Salary	_____
Reason for leaving	_____		
Job Duties	_____		

If presently employed, why do you desire to change employment? _____

If you are now employed, may we contact your present employer? _____

Have you ever been discharged or asked to resign a position? Yes No If so, please explain _____

UNEMPLOYMENT RECORD

List all intervals of unemployment since you left school until the present time.

Date From:	Date To:	What you were doing during this time of unemployment?

PERSONAL REFERENCES

List three Personal References (not former employers or relatives) , at least 30 years of age, who you've known well for at least five or more years.

Name and Phone Number	Relationship (Pastor, Teacher, Co-Worker etc.)	Known how long?

CREDIT REFERENCES

List anyone you currently have a loan with or owe a debt to.

Creditor Name	Address	Balance Owed

GENERAL INFORMATION

Have you ever been convicted of a crime? (Exclude minor traffic violations) Yes No

If so, state offense, date, court, location and disposition of case. _____

HANDICAPPED, VIETNAM VETERANS AND DISABLED VETERANS INFORMATION

If you are handicapped, a disabled veteran or a veteran of the Vietnam Era, we would like to include you under our Affirmative Action Program.

It would assist us if you tell us about: (1) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your handicap, so that you will be considered for any position of that kind, and (2) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations. Submission of this information is voluntary and refusal to provide it will not affect your employment application or subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that , (1) supervisors and managers may be informed regarding restrictions on the work or duties of handicapped individuals or disabled veterans, and regarding necessary accommodations, and (2) government officials investigating compliance with these Acts shall be informed.

Handicapped Disabled Veteran Vietnam Era Veteran

Special Accommodations _____

Applicant's Statement

I certify that the answers given in this application are true and complete to the best of my knowledge and I have not knowingly withheld information which might, if disclosed, affect my application unfavorably. I understand that employment arrangements entered into between the Bank and me will be based upon the truthfulness and completeness of the application. Misstatements, falsifications, or omissions of any information submitted by me may result in the rejection of my application and if I have already been employed, may be cause for dismissal.

I have read and understand that this application is good for ninety (90) days and if not offered employment during that time will necessitate that I renew this application in order to be considered beyond that date. I understand that the Bank does not discriminate in hiring or employment on the basis of race,color,religious creed, national origin,sex,ancestry,handicap,Vietnam veteran status or age. No question on this application is intended to secure information as such. As a government contractor, it is the policy of the Bank to take affirmative action in the employment minorities,females,Vietnam era veterans and handicapped individuals. If I wish to benefit under such affirmative action, I am invited to identify myself as being in one of these categories. Such action on my part is voluntary and will be kept confidential, subject to certain exceptions. Refusal to provide such information will not subject me to any adverse treatment.

I further understand that the submission of this application does not imply that I will be employed, even though I will be given every consideration. I hereby give full release for the Bank to check with my references as well as investigate my credit history and criminal report. The Bank, at its own expense, arranges for a surety bond for each of its employees and if, because of my background, the Bank is unable to place the required bond, the Bank will be unable to continue my employment.

I have read carefully and understand the above.

Signature of Applicant

I hereby authorize the Bank to investigate my credit history and acknowledge receipt of the FCRA disclosure.

Date

Signature of Applicant

CREDIT CHECK APPROVAL AUTHORIZATION

In consideration of First Choice Bank's evaluation of my suitability for employment, I hereby authorize the Bank to perform all checks of my credentials as allowed by law including, but not limited to, inquiries with: present and previous employers, supervisors, coworkers, friends, business associates, or other individuals that the Bank, in its sole discretion, believes may have relevant information regarding my suitability for employment. This includes references I have given as well as others which may not have been listed. I further authorize the bank to perform background checks of any credit or financial, military, and arrest/conviction records.

You are hereby authorized and requested to release any related information of my record.

I agree not to assert any claims or causes of action of any kind against the Bank, its agents, its employees, or any individual contacted by the Bank, arising out of the Bank's investigation. I further release and forever discharge the Bank, its agents, its employees, and the individuals and companies contacted by the Bank as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising directly or indirectly from the company's investigation of my credentials.

I acknowledge that the Bank has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.

Date

Signature of Applicant