



Application Disposition:		
Requisition Number:	Date:	Initials:

Application for Employment

Application Date: _____

This application will be active for sixty days. After this time, reapplication must be made in person for further consideration.

NAME	(First)	(Middle)	(Last)	Social Security Number
HOME ADDRESS	(Street)	(City)	(State)	(Zip)
HOME ADDRESS	(Street)	(City)	(State)	(Zip)
FORMER ADDRESS	(Street)	(City)	(State)	(Zip)
				Home: Area Code/Phone Number
				Cell: Area Code/Phone Number
				Home: Area Code/Phone Number
				Cell: Area Code/Phone Number

United Bank is an Equal Opportunity Employer. Applicants are considered for employment on the basis of qualifications and without regard to race, color, religion, national origin, gender, marital status, age, disability, veteran or military status, or any other protected status. Employment with United Bank is at the will of the employee and organization.

Desired position or type of work: At what location(s) will you work? Check box as it applies: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date Available: _____ Hours Available: _____ Desired Salary: _____
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Referred to United Bank by: _____

SPECIAL SKILLS: Check boxes for training and experience. Star boxes which indicate strong qualifications.

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Programming | <input type="checkbox"/> Word processing |
| <input type="checkbox"/> Check sorter | <input type="checkbox"/> Proof machine | <input type="checkbox"/> Computer Software |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Short hand(____ words per minute) | _____ |
| <input type="checkbox"/> Key punch or key tape | <input type="checkbox"/> Typing (____ words per minute) | Other _____ |

List any education or training received related to the position designated (e.g. customer relations, credit, supervision, etc.):

List any professional certifications or licenses, related to the position designated (e.g. CPA, CPS, etc.):

Name _____ Cycle Date _____ Job Group _____

Employment
(Include U.S. Military Service)

List All Additional Employers on a Supplemental Sheet

EMPLOYER (Present or last):				Supervisor's Name
Street Address	City	State	Zip	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Start _____ Final _____		From _____ To _____
Reason for leaving:				
Describe responsibilities:				
Presently Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		If employed, may we contact the employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER (Previous):				Supervisor's Name
Street Address	City	State	Zip	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month Year):
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Start _____ Final _____		From _____ To _____
Reason for leaving:				
Describe responsibilities:				

EMPLOYER (Previous):				Supervisor's Name
Street Address	City	State	Zip	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month Year):
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Start _____ Final _____		From _____ To _____
Reason for leaving:				
Describe responsibilities:				

EMPLOYER (Previous):				Supervisor's Name
Street Address	City	State	Zip	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month Year):
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Start _____ Final _____		From _____ To _____
Reason for leaving:				
Describe responsibilities:				

UNEMPLOYMENT: State all intervals of unemployment, if any, from school to the present time			
From (Mo./Yr.): _____	To (Mo./Yr.): _____	Reason _____	
From (Mo./Yr.): _____	To (Mo./Yr.): _____	Reason _____	

PERSONAL DATA

Are you at least 18 years of age? Yes No

If under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Can you provide required proof of your eligibility to work in the United States? Yes No

Have you previously been employed by United Bank? Yes No

If yes, state dates, from _____ to _____

Are any of your relatives employed by United Bank? Yes No If yes, please list name(s) and relationship(s):

Have you ever been convicted of a criminal offense involving dishonesty or breach of trust (including but not limited to robbery, embezzlement, forgery, perjury, tax evasion, etc.)? Yes No If yes, state your age at the time of conviction nature of the offense involved, the circumstance surrounding it and evidence of rehabilitation since the conviction _____

NOTE: No person may serve as an employee, officer, director of any bank if he or she has been convicted of any criminal offense involving dishonesty or breach of trust according to the national banking laws (12USC 1829). Criminal records, if any, of all new employees will be obtained from the Federal Government by means of fingerprinting.

Can you meet the essential functions of the job for which you are applying, either with or without reasonable accomodation? Yes No

Can you meet the attendance requirements of this job? Yes No

Is there any type work which your physical condition prohibits? Yes No

If you cannot be reached by phone at your number, is there another number we could try?

Name: _____ Area Code/ Phone Number: _____

Certificate and Acknowledgment

I hereby affirm that my answers to the foregoing questions are true and correct. I understand that the misrepresentation or omission of facts called for in this application will provide sufficient cause for rejection of my employment application without further consideration.

I authorize the investigation of all statements contained in this application. The companies, institutions or persons named herein are authorized to give information regarding me, whether or not such information is part of their records and they are hereby released from all liability for providing such information.

I understand that employment with a financial institution carries with it the obligation on the part of all employees to cooperate fully in the proper administration of the assets entrusted to such financial institution and to maintain complete confidentiality with respect to all records of the company or its customers.

I agree not to use, divulge, furnish or make available to any third party any trade secrets, customer lists, information regarding customers, or any confidential information without the prior written consent of the company.

Date _____ Signature _____

EDUCATION

HIGH SCHOOL:	School Address:		
Graduated: Yes _____ No _____ Received: _____ Advanced Diploma _____ Regular Diploma Grade Point Average: _____ _____ Certificate of Attendance			
Honors Received:			
Extracurricular Activities:			
Career Objectives:			
COLLEGE, VOCATIONAL OR TECHNICAL SCHOOL	Dates Attended (month/year): From _____ To _____	Graduated:	Grade Average:
Address:	Major Courses:	Minor Courses:	
Honors Received:	Degree Granted:		
Extracurricular Activities:			
Career Objectives:			
COLLEGE, VOCATIONAL OR TECHNICAL SCHOOL	Dates Attended (month/year): From _____ To _____	Graduated:	Grade Average:
Address:	Major Courses:	Minor Courses:	
Honors Received:	Degree Granted:		
Extracurricular Activities:			
Career Objectives:			
Do you plan to continue your formal education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and what degree?			
Do you have any pending applications to schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			
For Human Resources Use Only			
Date of Employment:		Salary	
Region:	Group:	Salary Grade:	Position:
Supervisor:	Department:	Cost Center:	Shift:
Classification:			
Source of Hire:	Date:	Authorization Signature:	

VOLUNTARY DISCLOSURE FORM

Your response to this request is voluntary and refusal to provide this information will not subject you to any adverse treatment. Data is used to fulfill reporting requirements in accordance with our Affirmative Action Program and is processed and maintained separately from your Application for Employment. Thank you for your assistance.

Name: _____ Date _____

Social Security Number _____ Current Zip Code _____

Signature _____ Gender: Male Female

RACE AND ETHNICITY:

In completing the Race and Ethnicity portion of the form, first indicate if you identify yourself as Hispanic or Latino. If you do so identify yourself, you should stop at that point. If you do not identify as Hispanic or Latino, then check the appropriate box to identify the race/ethnic group with which you most closely identify.

A. Hispanic or Latino

OR

B. Not Hispanic or Latino

American Indian or Alaskan Native (not Hispanic or Latino)

Asian (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

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

Two or More Races (not Hispanic or Latino) If you check this box, please list the single racial/ ethnic group above with which you most closely identify: _____

White (not Hispanic or Latino)

If you choose not to self-identify your race or ethnicity, please check the box.

To be completed by United Bank:

Position Applied For _____ Job Number _____ Job Group _____



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Member FDIC

UNITED BANK CREDIT REFERENCE CONSENT FORM

As part of its employment selection process, United Bank obtains credit reports on job applicants before hiring. In order to obtain this information, United Bank must receive written authorization from each applicant who may be the subject of a consumer credit report. Before United Bank takes an action adverse to an applicant on the basis of a consumer credit report, the applicant will be entitled to a free copy of that report as well as a written description of the applicant's rights under the Fair Credit Reporting Act. Your signature below indicates that you expressly authorize United Bank to obtain a consumer credit report as part of the application process.

Applicant's Signature

Date