



Your locally owned community bank

DENALI STATE BANK

Denali State Bank is an Equal Opportunity Employer. We consider applicants for all positions without regard for race, national origin, religion, disability, pregnancy, age, military status, marital status, change in marital status, sex, parenthood or color.

Please print.

Position Applied For:		Date of Application:		
How Did You Hear About The Position?				
<input type="checkbox"/> DSB Website		<input type="checkbox"/> AK Job Bank/ AK Job Center		<input type="checkbox"/> UAF Job Board
<input type="checkbox"/> DSB Employee Referring Employee's Name:			<input type="checkbox"/> Other	
Last Name:		First Name:		Middle Initial:
Address:		State:		Zip Code:
Telephone Number(s): (Home) (Other)			Social Security Number	
Have you ever filed an application with DSB in the past? If Yes, date:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? If Yes, date:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends and relatives work here? If Yes, name:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you be lawfully employed in this country? Proof of citizenship or immigrations status will be required upon employment.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently "laid off" and subject to recall?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Available for Work:		Desired Salary Range:		
Are you available to work? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (Please indicate Morning, Afternoon or Evening)				
EDUCATION				
	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
Describe any training received in the United States Military.				

EMPLOYMENT EXPERIENCE

Please begin with your most recent position. You may exclude organizations which indicate race, color, religion, sex, national origin, disabilities or other protected status. If you need additional space, please attach a separate sheet.

			Dates Employed		Describe Work Performed:
Employer:	From	To			
Address:					
Telephone Number:	Hourly Wage/Salary				
Job Title:	Starting	Final			
Supervisor:					
Reason for Leaving:					
			Dates Employed		
Employer:	From	To			Describe Work Performed:
Address:					
Telephone Number:	Hourly Wage/Salary				
Job Title:	Starting	Final			
Supervisor:					
Reason for Leaving:					
			Dates Employed		
Employer:	From	To			
Address:					
Telephone Number:	Hourly Wage/Salary				
Job Title:	Starting	Final			
Supervisor:					
Reason for Leaving:					
			Dates Employed		
Employer:	From	To			Describe Work Performed:
Address:					
Telephone Number:	Hourly Wage/Salary				
Job Title:	Starting	Final			
Supervisor:					
Reason for Leaving:					

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

You may exclude those memberships which would reveal sex, race, religion, national origin, age, ancestry disability or other protected status.

Summarize special job-related skills and qualifications acquired from employment or other expertise.

Examples include computer experience, WPM typing ability, 10-key ability, software knowledge, specialized office equipment knowledge, etc.

REFERENCES

Please provide three (3) employment or professional references. Please do NOT list friends and family.

Name:	Phone Number:
Address:	Reference's Relationship to applicant:
Name:	Phone Number:
Address:	Reference's Relationship to applicant:
Name:	Phone Number:
Address:	Reference's Relationship to applicant:

APPLICANT'S STATEMENT

I certify that all the answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a time period not to exceed 45 days. An 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 Denali State Bank 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 in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Application Date

Voluntary Equal Employment Opportunity (EEO) Disclosure

Denali State Bank is a federal contractor. The United States Department of Labor requires that federal contractors compile information on applicants pertaining to factors such as race, sex, veteran status and type of position applied for. The data is used for statistical compilation and reporting purposes only. The information is submitted on a voluntary basis and kept confidential. It will not be used in the employment decisions made by the Bank, nor will it become part of any personnel file. The Bank appreciates your help in our effort to insure a non-discriminatory workplace by filling out this disclosure form.

Name: _____ **Date:** _____
Last Name, First Name, Middle Initial MM/DD/YYYY

Position Applied For: _____

Date of Birth: _____ **Sex:** Male Female
MM/DD/YYYY

Ethnic Origin: (Select one)

Veteran Status: (Select one)

<input type="checkbox"/> White (Not Hispanic or Latino) <small>All persons having origins in any of the original peoples of Europe, North Africa or the Middle East</small>	<input type="checkbox"/> Newly Separated Veterans <small>The term "Newly Separated Veterans" means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.</small>
<input type="checkbox"/> Black or African American (Not Hispanic or Latino) <small>All persons having origins in any of the Black racial groups of Africa.</small>	<input type="checkbox"/> Special Disabled Veteran <small>The term "Special Disabled Veteran" refers to a veteran 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 Department of Veterans Affairs, for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap. The term also refers to a person who was discharged or released from active duty because of a service-connected disability.</small>
<input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino) <small>A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.</small>	<input type="checkbox"/> Veteran of the Vietnam Era <small>The term "Veteran of the Vietnam Era" means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.</small>
<input type="checkbox"/> Asian (Not Hispanic or Latino) <small>A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</small>	<input type="checkbox"/> Other Protected Veterans <small>The term "Other Protected Veterans" means veterans 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. For those with Internet access, the information required to make this determination is available at http://www.opm.gov/veterans/html/vgmedal2.htm. A copy of the list also may be obtained by calling (301) 306- 6752 and requesting that a copy of the list be mailed to you.</small>
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) <small>A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</small>	<input type="checkbox"/> Not a Veteran
<input type="checkbox"/> Two or More Races (Not Hispanic or Latino) <small>All persons who identify with more than one of the above five races.</small>	<input type="checkbox"/> I Do Not Wish to Disclose a Veteran Status
<input type="checkbox"/> Hispanic or Latino <small>A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</small>	
<input type="checkbox"/> I Do Not Wish to Disclose an Ethnic Origin.	

For Human Resources Department Use Only

<p>EEO Classification: (Select One)</p> <input type="checkbox"/> Executive/Senior Level Officials and Managers <input type="checkbox"/> First/Mid Level Officials and Managers <input type="checkbox"/> Professionals <input type="checkbox"/> Technicians	<input type="checkbox"/> Administrative Support Workers <input type="checkbox"/> Laborers	<p>Applicant added to AAP applicant flow log and Timetrack:</p> <p>Initials: _____</p> <p>Date: _____</p>
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REPORT REQUEST

CBC EMPLOYMENT SCREENING SERVICES

Toledo Office/Operation Center
 5555 Airport Highway, Suite 205
 Toledo, OH 43615
 419/861-7555 • FAX 419/861-7565 • 1/800/772-0130 • FAX 1/800/772-0440

DATE: _____	TIME: _____	ESS SPECIALIST: Team #4/Karlene Lot
CUSTOMER #: 85ES81601		
PERSON ORDERING REPORT _____		

APPLICANT INFORMATION: (Please print or type all information)

LAST NAME:	FIRST:	MIDDLE:
DATE OF BIRTH:	*MAIDEN:	
CURRENT STREET ADDRESS:	CITY/STATE: ,	ZIP CODE:
PREVIOUS STREET ADDRESS:	CITY/STATE: ,	ZIP CODE:
SOCIAL SECURITY NUMBER:	DRIVERS LICENSE NUMBER:	CHECK ONE:
	STATE OF ISSUE:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

APPLICANT AUTHORIZATION

Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, and other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.

FCRA DISCLOSURE

This is to inform you that as part of processing your application, a consumer report may be obtained for credit purposes.

SIGNATURE: _____ DATE: _____

*This information is requested by CBC Employment Screening Services solely for purposes of ensuring accurate retrieval of records