

814 4th Ave Grinnell, IA 50112 | 641.236.3174

Application for Employment Date: PERSONAL Full Name: First Middle Initial Last **Current Address:** Number Street City State Zip Telephone Number: () Social Security Number: Yes Are you a Military Veteran? No 🗌 If Yes, Dates of Active Duty: to Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? EMPLOYMENT DESIRED Job Title: ______ Date you can start: Wage Desired: Are you available for work: Full Time Part Time Temp Seasonal **EDUCATION** City: Name of last school attended: State: Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other Area of Concentration and/or degree(s), certificates, licenses, endorsements: Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc):

EMPLOYEMENT HISTO	DRY				
Former Employment (List employers, starting with the current or	most recent. Explain	all gaps in time of employment.)		
Company Name:	Job Title:				
Address:					
Number	Street	City	State	Zip	
Start Date:	End Date:		Rate of Pay:		
Detailed Job Duties:					
Reason for Leaving:					
Company Name:		Job Title:			
Address:					
Number	Street	City	State	Zip	
Start Date:	End Date:		Rate of Pay:		
Detailed Job Duties:					
Reason for Leaving:					
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Company Name:		Job Title:			
Address:	Ctwo ot	City	Ctata	7:	
Number		City	State	Zip	
Start Date:	End Date:		Rate of Pay:		
Detailed Job Duties:					
Reason for Leaving:					
May we contact your f	former employers to verify this	information?		tion in	
	Yes No The law prohibits discrimination of the law prohibits discr				
	av we contact your present employer? Yes No national origin, religion, dis		bility or		
,,			veteran's status.		
Please provide any add	ditional information about your	abilities or inte	rests that makes you a	good	
candidate for this posi	•			0	
P					
I authorize Investigati	on of all statements contained	in the applicat	ion. I understand that c	mission	
-	facts is cause for dismissal.				
Signature:	Signature: Date:				



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As a prospective employee of Grinnell State Bank, I hereby give authorization to process a Credit History (Consumer Credit Report) and or a Background check.

I further understand, should I become employed by Grinnell State Bank, I authorize and acknowledge from time to time during my ongoing employment, an updated Credit History (Consumer Credit Report) may be accessed.

All education, school records, degrees and training will need to be verified as valid records.

Applicant's Signature: Date:

Human Resources Signature: Date:

Date of Birth: Social Security #: