



TROUSDALE Bank & Trust

DeKalb Community Bank

Community Bank of Smith County

Community Bank of Gordonsville

Offices of Wilson Bank & Trust, Lebanon, TN

MEMBER FDIC

Community Financial Centers

APPLICATION FOR EMPLOYMENT

Date _____ 20____

Wilson Bank & Trust is a Tennessee Drug-Free Workplace

Wilson Bank & Trust is a smoke-free workplace and smoking of any type is strictly prohibited.

We sincerely appreciate your interest in seeking employment with us. The questions asked on this application are designed to give us a clear understanding of your background and work experience.

(PLEASE PRINT PLAINLY)

PERSONAL

Full Name _____ Social Security No. _____

Street Address _____ Phone Number _____ Area Code _____

City • State • Zip Code _____

Email Address _____

Is there another phone number at which you may be reached? _____

How were you referred to us? _____

List any relatives employed by this company _____

Are you at least 18 years of age? Yes No If you are less than 18, list your age _____; date of birth _____;

name and address of parent or guardian _____

PLACEMENT

Type of position you are seeking? _____

Starting salary you are seeking? \$ _____ per _____ . When could you begin employment? _____

What type of employment are you applying for? (1) temporary - part time (2) temporary - full time

(3) regular - part time (4) regular - full time. What position are you applying for? _____

Please list any special training, skills, or experience you may have, indicating fluency or speed where appropriate.

WE DO NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, DISABILITY OR ANY OTHER FACTOR PROHIBITED BY LAW OR REGULATION. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

EDUCATION

Type of School	Name and Address of School	Last Year Completed	Did you Graduate?	Major Courses of Study and Degree Granted			
High School		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Have you ever worked for us before? Yes No If yes, from _____ to _____

May we contact your present employer? Yes No May we contact you at your present employer's? Yes No

Please list employment history in chronological order with most recent position first.

Present or last Employer _____ Name & Title of Supervisor _____

Address - City _____ State _____ Zip _____ Phone No. _____

Dates: From _____ To _____ Salary \$ _____ Beginning \$ _____ End _____
(month and year) (month and year)

Starting Position _____ Ending Position _____

Reason for Leaving _____

Present or last Employer _____ Name & Title of Supervisor _____

Address - City _____ State _____ Zip _____ Phone No. _____

Dates: From _____ To _____ Salary \$ _____ Beginning \$ _____ End _____
(month and year) (month and year)

Starting Position _____ Ending Position _____

Reason for Leaving _____

Present or last Employer _____ Name & Title of Supervisor _____

Address - City _____ State _____ Zip _____ Phone No. _____

Dates: From _____ To _____ Salary \$ _____ Beginning \$ _____ End _____
(month and year) (month and year)

Starting Position _____ Ending Position _____

Reason for Leaving _____

Present or last Employer _____ Name & Title of Supervisor _____

Address - City _____ State _____ Zip _____ Phone No. _____

Dates: From _____ To _____ Salary \$ _____ Beginning \$ _____ End _____
(month and year) (month and year)

Starting Position _____ Ending Position _____

Reason for Leaving _____

MILITARY SERVICE

Branch of Service _____
Major Duties _____
Service Schools Attended _____
Date Entered _____ Reserve Status _____
Starting Rank _____ Separation Rank _____

REFERENCES

Please list persons whom we may contact who know your qualifications

Name	Address	Telephone	Occupation
	City _____ State _____ Zip _____		
	City _____ State _____ Zip _____		
	City _____ State _____ Zip _____		

GENERAL INFORMATION

Please describe the skills and aptitudes that you feel qualify you for a position with us. (You may wish to include activities and positions held in civic, community and school organizations, professional societies, special training and skills which are pertinent to this position. You are not required to list activities which may disclose your race, color, religion or national origin.)

Have you ever been convicted of a criminal offense (excluding minor traffic offenses)? Yes No If yes, please describe in full.

Are you legally authorized to work in the United States? Yes No If not, please indicate the type of alien certification you have, as required for work by federal law.

SIGNATURE

- (1) WE MAKE NO PROMISE OF EMPLOYMENT BY OFFERING THIS APPLICATION FORM OR ACCEPTING YOUR WRITTEN RESPONSE.
- (2) NO ONE IS AUTHORIZED TO OFFER YOU EMPLOYMENT WITH US EXCEPT IN WRITING. DO NOT MAKE OR CHANGE ANY PLANS BASED ON WHAT ANYONE TELLS YOU ORALLY.
- (3) ANY EMPLOYMENT WE MAY OFFER YOU WILL BE TERMINABLE AT WILL. THIS MEANS YOU CAN QUIT ANY TIME. IT ALSO MEANS WE CAN TERMINATE YOU AT ANY TIME, WITH OR WITHOUT CAUSE.
- (4) BY COMPLETING THIS APPLICATION AND SIGNING BELOW, YOU AUTHORIZE US TO INVESTIGATE YOUR QUALIFICATIONS AND TO MAKE INQUIRIES ABOUT YOU GENERALLY. YOU ALSO AUTHORIZE US TO SHARE THIS APPLICATION AND ITS CONTENTS WITH OUR EMPLOYEES AND ANY OUTSIDE AGENCIES OR REPRESENTATIVES WE DEEM APPROPRIATE. IF THERE IS ANYONE YOU DO NOT WANT US TO CONTACT, PLEASE TELL US IN WRITING.
- (5) BY SIGNING BELOW YOU ARE AFFIRMING THAT THE STATEMENTS YOU MAKE IN THIS APPLICATION, PLUS ANY ADDITIONAL WRITTEN AND ORAL INFORMATION YOU PROVIDE US ABOUT YOURSELF (SUCH AS A RESUME OR INTERVIEW) ARE TRUE, AND THAT YOU HAVE NOT OMITTED ANYTHING ABOUT YOURSELF THAT MIGHT BE IMPORTANT TO US IN DECIDING WHETHER TO HIRE YOU. YOU UNDERSTAND THAT ANY FALSE STATEMENT OR MATERIAL OMISSION IS SUFFICIENT GROUNDS FOR US TO REJECT THIS APPLICATION WITHOUT FURTHER CONSIDERATION.

Date _____ Signature of Applicant _____

Notice to Applicants for Employment

I understand that a credit report may be used in connection with my application for employment. I also acknowledge that my rights as detailed in the Fair Credit Reporting Act have been provided to me.

Signature: _____ Date: _____

Section 609 – Disclosure to Consumers

(a) Every consumer reporting agency shall, upon request and proper identification of any consumer, clearly and accurately disclose to the consumer:

(1) The nature and substance of all information (except medical information) in its files on the consumer at the time of the request.

(2) The sources of the information; except that the sources of information acquired solely for use in preparing an investigative consumer report and actually used for no other purpose need not be disclosed: Provided, That in the event an action is brought under this title, such sources shall be available to the plaintiff under appropriate discovery procedures in the court in which the action is brought.

(3) The recipients of any consumer report on the consumer which it has furnished.

(A) for employment purposes within the two-year period preceding the request, and

(B) for any other purpose within the six-month period preceding the request.

(b) The requirements of subsection (a) respecting the disclosure of sources of information and the recipients of consumer reports do not apply to information received or consumer reports furnished prior to the effective date of this title except to the extent that the matter involved is contained in the files of the consumer reporting agency on that date.