

OZARK BANK APPLICATION FOR EMPLOYMENT

(Incomplete applications will not be considered.

Thoroughly completed applications will be retained for one year)

An Equal Opportunity Employer

DATE OF APPLICATION:	POSITION APPLYING FOR: (required)		
NAME:			
First:	MI:	Last:	
E-Mail Address (optional)			
STREET ADDRESS:			
CITY, STATE	ZIP	Cell Phone:	
,		Home/Other Phone:	
Are you legally eligible to work in	the United	Are you at least 18 years of age?	
States? Yes No		Yes No	
(If yes, you will be asked to provide proper id employment.)	entification upon		
Date available to begin work:		Hours and days available:	
How did you hear about the position	on? (please be s	 specific)	
Trow and you near about the positive	on. (piease oe s	specific)	
		o any federal, state or municipal criminal offense?	
YESNO (If YES,	list complete convic	etion record-use additional sheets, if necessary.)	
EXPLANATION (Misdemeanor or	r Felony – pleas	se give full details):	
		,	
A conviction will not automatically disq	ualify you from (consideration. We will consider the nature of the	
		We will also consider your record since the offense.	

Please inform us if you require assistance in filling out an application. Individuals with disabilities should request reasonable accommodations in accordance with the American with Disabilities Act prior to interviewing or selection.

List your complete record of employment. Start with your present or most recent position and continue in descending order. List any periods of unemployment. You may attach a resume as additional information, but not in lieu of the application. Incomplete applications will not be considered.

Employer	Start Date (mm/yy)	End Date (mm/yy)
Supervisor's Name and Title	Starting Salary	Final Salary
Address	Specific Reason for Leaving	
City, State	Phone	
Title	May we contact this employer?	
Specific Duties	'	

Employer	Start Date (mm/yy)	End Date (mm/yy)	
Supervisor's Name and Title	Starting Salary	Final Salary	
Address	Specific Reason for	Leaving	
City, State	Phone	Phone	
Title	May we contact this	May we contact this employer?	
Specific Duties			

Employer	Start Date (mm/yy)	End Date (mm/yy)	
Supervisor's Name and Title	Starting Salary	Final Salary	
Address	Specific Reason for	Specific Reason for Leaving	
City, State	Phone	Phone	
Title	May we contact th	May we contact this employer?	
Specific Duties			

EDUCATION

School	Name and	Number of	Did you	Diploma, Degree or
	Location	Years Attended	Graduate?	Certificate received
High School				
College				
Other				
Other				

PERSONAL REFERENCES (exclude relatives)

Name	Address	Phone	How do you know this person and how long have you known this person?

APPLICANT CERTIFICATION, RELEASE OF INFORMATION, AND AUTHORIZATIONS

I attest, under penalty of perjury, that the facts set forth in this application and/or my resume are true and complete to the best of my knowledge, and I understand that if, prior to employment, any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the denial of employment, and if employed, may be grounds for dismissal. Further, I understand that by requesting this information, no promise of employment is being made. If employed by the company, such employment is at will, meaning I may, or my employer may terminate my employment with or without notice, at any time, for any reason or for no reason.

I, the undersigned, do hereby authorize Ozark Bank and/or its designated provider to conduct an investigation with respect to my application for employment and my qualifications and fitness for the position I have applied for and for employment with Ozark Bank. I release Ozark Bank, my former employers, and personal references from any liability or damage caused by giving and receiving information or opinions as to my employment or character. Information obtained may include education, job performance, attendance, employment history, personal references, credit reports, driving records, and criminal history records. I agree to hold Ozark Bank harmless and in no event shall Ozark Bank be liable to me for special, indirect, or consequential damages for the refusal of employment or dismissal from employment due to information obtained during my background security check. Any information obtained through former employers and/or personal references will become property of Ozark Bank.

Applicant Signature	Date
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Ozark Bank is committed to workforce diversity and a drug-free workplace. Women, minorities, and individuals with disabilities are encouraged to apply.