



Main Branch
209 Central Ave North
PO Box 468
Hazen, ND 58545
701.748.2233

Beulah Branch
512 West Main
PO Box 609
Beulah, ND 58523
701.873.2221

Stanton Branch
105 Harmon Ave
PO Box 69
Stanton, ND 58571
701.745.3245

877.684.2233
BetterState.com

Date: _____

* Applications can be dropped off at any location or e-mailed to usbhr@usbhazen.com

APPLICATION FOR EMPLOYMENT

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: _____

City, State, Zip Code: _____ Cell Phone Number: _____

Mailing Address: _____

How did you hear about us? _____ E-mail address: _____

Are you including a resume? YES NO If YES, please attach copy in e-mail or include with physical application

If under 18 years of age, list age: _____

Parent or Guardian name: _____ Contact number: _____

Are you related to a current employee of Union State Bank? YES NO If yes, who? _____

PLACEMENT

Position you are applying for: _____ Part-time Full-time

Willing to work weekends? YES NO Willingness to travel between locations? YES NO

Starting wage, you are seeking \$ _____ When could you begin employment? _____

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 (INCLUDING GENDER IDENTITY, SEXUAL ORIENTATION, OR PREGNANCY), 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

High School: _____ Did you graduate? _____

GED or Equivalent: _____ Degree/Certificate? _____

College: _____ Did you graduate? _____ Degree granted: _____

College: _____ Did you graduate? _____ Degree granted: _____

Other/colleges/degrees: _____

EMPLOYMENT HISTORY

Have you ever worked for us before? YES NO If YES, from _____ to _____

May we contact YOU at your present employer? YES NO

Present or last Employer: _____ Dates: from _____ to _____
(month & year) (month & year)

Name & Title of Supervisor: _____

Salary/Hourly rate of Pay: \$ _____ Position: _____

Reason for leaving: _____

May we contact this employer: YES NO Phone number: _____

Previous Employer: _____ Dates: from _____ to _____
(month & year) (month & year)

Name & Title of Supervisor: _____

Salary/Hourly rate of Pay: \$ _____ Position: _____

Reason for leaving: _____

May we contact this employer: YES NO Phone number: _____

Previous Employer: _____ Dates: from _____ to _____
(month & year) (month & year)

Name and Title of Supervisor: _____

Salary/Hourly rate of Pay: \$ _____ Position: _____

Reason for leaving: _____

May we contact this employer: YES NO Phone number: _____

Previous Employer: _____

Dates: from _____ to _____
(month & year) (month & year)

Name and Title of Supervisor _____

Salary/Hourly rate of Pay: \$ _____

Position: _____

Reason for leaving: _____

May we contact this employer: YES NO

Phone number: _____

Military Service

Branch of Service: _____

Major Duties: _____

Service Schools Attended: _____

Date Entered: _____ Reserve Status: _____

Starting Ranking: _____ Separation Rank: _____

GENERAL INFORMATION

Are you authorized to work in the United States? YES NO

Have you ever been convicted of a criminal offense (excluding minor traffic offenses)? YES NO
If yes, please describe in full:

Please list any civic, community or organizational positions held by you -- past and/or present.
(You are requested not to list activities which may disclose your race, color, religion, or national origin)

Please list any job-related skills or qualifications from previous employment and/or experience:

Please list any additional information you feel would be beneficial for USB to know:

REFERENCES

Name: _____ Phone number: _____

Relationship: _____ # of years acquainted: _____

Name: _____ Phone number: _____

Relationship _____ # of years acquainted: _____

Name: _____ Phone number: _____

Relationship: _____ # of years acquainted: _____

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 AT 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 INQUIRES ABOUT YOU GENRALLY. 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 SUFFIEICIENT GROUNDS FOR US TO REJECT THIS APPLICATION WIHTOUT FUTHER CONSIDERATION.

Date: _____ Signature of Applicant: _____

CONSUMER INVESTIGATIVE REPORT

If checked, you authorize UNION STATE BANK to request an investigative consumer report to be prepared about you, which may include information as to your character, general reputation, police record, personal characteristics and mode of living. You have the right to request that we completely and accurately disclose to you the nature and scope of the investigation requested. Your request must be made to us within a reasonable time after you have completed this application.

I acknowledge that I have read the foregoing disclosure statement and I understand the rights I have.

Signature of Applicant: _____

CONSUMER REPORT CONSENT FORM

I _____, hereby grant UNION STATE BANK
(please print name)
permission to pull a consumer report such as Credit Bureau reports and Bad Check Service reports on me in connection with my application for employment, and if I am employed, then in connection with continued employment with the bank.

Date of Birth: ____ - ____ - _____

Signed: _____ Date: _____