MT. MCKINLEY BANK APPLICATION FOR EMPLOYMENT

This application must be thoroughly completed in order for the applicant to be considered for employment, and will remain current with the Human Resources Department for 30 days from the date of application.

Name					
Date of Application		Telephone Number			
Address					
	Street	City	State	Zip	
POSITION(S) APPLY	ING FOR 1.		2		
What date would you be	e able to start?	Wage or salary desired? \$			
How did you learn of this	opening?				
•	ential functions of the position(s) you nmodation? Yes No	are applying for, a	and can you perform these es	sential functions with o	
Have you worked for the	Mt. McKinley Bank before?	es 🗆 No			
are you over 18 years of	age? Yes No				
Are you authorized to wo	rk in the U.S. on an unrestricted basis	?	No		
are there any hours or day	ys you cannot or will not work?				
Are you interested in	☐ Part-Time or ☐ Full-T	ime emplovme	nt?		
Have you ever been convi	icted of a felony?	(Conviction will a	not necessarily disqualify an		
	El	DUCATION			
ТҮРЕ	NAME & LOCATION OF SC	HOOL	MAJOR	DIPLOMA/ DEGREE	
High School					
College/Univ./Trade					
College/Univ./Trade					
	on				

WORK HISTORY

Most Decent Employer				Talankana				
Most Recent Employer			Address	Telephone				
Start Date	Starting Salary: \$	Per	Starting Position					
End Date	Ending Salary: \$	Per	Position on Leaving					
Name and Title of Supervisor								
Description of Duties			Reason for Leaving					
Previous Employer			Address	Telephone				
Start Date	Starting Salary: \$	Per	Starting Position					
End Date	Ending Salary: \$	Per	Position on Leaving					
Name and Title of Sup	ervisor							
Description of Duties			Reason for Leaving					
Previous Employer			Address	Telephone				
Start Date	Starting Salary: \$	Per	Starting Position					
End Date	Ending Salary: \$	Per	Position on Leaving					
Name and Title of Sup	pervisor							
Description of Duties			Reason for Leaving					
Previous Employer			Address	Telephone				
Start Date Starting Salary: \$ Per		Starting Position						
End Date	Ending Salary: \$	Per	Position on Leaving					
Name and Title of Supervisor								
Description of Duties			Reason for Leaving					
May we contact your present employer? \square Yes \square No								
May we contact your previous employers? Yes No If no, please specify								
PERSONAL REFERENCES (Not including former employers or relatives)								
Name and Occupation		Address	Phone Number					
Traine and Occupation			Audicos	I none ivunioei				
APPLICANT'S CERTIFICATION AND AGREEMENT								
I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false								
statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application. I understand that proof of identity and legal authority to work in the U.S. must be provided at the time of hire.								
I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or								
without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.								

Applicant's Signature_____

Updated 6/17/05

Date _____