



1 North Main Street, PO Box 386, Spencer, NY 14883-0386

## APPLICATION FOR EMPLOYMENT

Federal and State laws prohibit discrimination in employment because of gender, age, race, color, religion, marital status, national origin, citizenship, veteran status, disability, arrest records, genetic predisposition of carrier status, political activities and legal activities conducted outside of work hours.

Date: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_ SSN# \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
(First) (Middle Initial) (Last)

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Are you either a U.S. citizen or an alien who has the legal right to remain and work in the U.S.? (You will be required to furnish proof of lawful work status if you are extended a job offer).  Yes  No

Are you available to work: Full-time  Part-time  Desired Office/Location: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No  
If so, please describe fully the criminal conviction(s). A conviction record will not necessarily be a bar to employment.

Have you ever worked for TSB before:  Yes  No  
If yes, when: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Highest grade completed:  
1 2 3 4 5 6 7 8 - Grade School      9 10 11 12 - High School      1 2 3 4 - College

Name of school last attended: \_\_\_\_\_

License, Vocational or Trade Training: \_\_\_\_\_

Have you served in the U.S. Armed Forces?  Yes  No  
Describe service experience if related to position(s) for which you are applying: \_\_\_\_\_

List your work experience (starting with your present or most recent employer) for the last five years or your last three employers, whichever will provide us with the greatest information about you. Please account for all periods of unemployment in this section.

**Name of Employer:** \_\_\_\_\_ **Dates employed from (Mo./Yr.) to (Mo./Yr.)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Salary (at start)** \_\_\_\_\_ **(at finish)** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Briefly describe your duties and work experience:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Dates employed from (Mo./Yr.) to (Mo./Yr.)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Salary (at start)** \_\_\_\_\_ **(at finish)** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Briefly describe your duties and work experience:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Dates employed from (Mo./Yr.) to (Mo./Yr.)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Salary (at start)** \_\_\_\_\_ **(at finish)** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Briefly describe your duties and work experience:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Provide the names of three persons not related to you, whom you have known professionally at least three years:**

Name Known	Address	Telephone Number	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*I understand that my employment may be terminated with or without cause or notice, at any time, at either my option or that of Tioga State Bank. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time of which is contrary to the foregoing without written approval of Tioga State Bank. I give Tioga State Bank permission to contact all or any of my previous employers and references and authorize them to disclose any information Tioga State Bank may request in the course of its investigation of this application for employment, and I hereby release Tioga State Bank and such references and prior employers from any and all liability with respect to such disclosures.*

*I have provided truthful and complete responses to all inquiries in the application and authorize Tioga State Bank to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed, I will abide by Tioga State Bank's rules and regulations, which I understand are subject to change by Tioga State Bank.*

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please feel free to add any additional comments/information regarding your job skills or work history in the space below, and/or attach a copy of your resume.**



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## AFFIRMATIVE ACTION / EQUAL OPPORTUNITY INFORMATION FORM

*Qualified applicants are considered without regard to race, color, creed, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.*

*In order to help us comply with Federal/State equal employment opportunity and affirmative action record keeping and reporting requirements, we request you to answer the questions listed below.*

**PLEASE NOTE: THE COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY.**

**This Information Form will be kept in a confidential file separate from the Employment Application.**

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**Date:** \_\_\_\_\_ **Sex:** \_\_\_ Male \_\_\_ Female  
**Name:** \_\_\_\_\_ **Position(s) Applied for:** \_\_\_\_\_

**Race/Ethnic Group:** \_\_\_\_\_ **White**  
\_\_\_\_\_ **Black**  
\_\_\_\_\_ **Asian or Pacific Islander**  
\_\_\_\_\_ **Hispanic**  
\_\_\_\_\_ **American Indian or Alaskan Native**



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## NOTIFICATION AND AUTHORIZATION FORM FOR EMPLOYMENT CREDIT REPORT

I authorize **Tioga State Bank** to obtain a credit report on me through the credit-reporting agency of its choice. If employed, I further authorize **Tioga State Bank** to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, **Tioga State Bank** will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report. This will allow me to contact the Credit Bureau if I feel it is necessary.

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**Name**

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**Date**

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**Address**

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**Social Security Number**