

**The Average Man's Bank**



**ARIZONA • NEVADA**

**EMPLOYMENT APPLICATION FORM**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-5.** **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Last                      First                      Middle                      Maiden

**Present Address:** \_\_\_\_\_

Number              Street              City                      State              Zip

**How Long:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**If under 18, please list age:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_ **Days/Hours Available to Work:**

**Salary Desired:** \_\_\_\_\_

No Pref _____	Thur _____
Mon _____	Fri _____
Tue _____	Sat _____
Wed _____	Sun _____

**How many hours can you work weekly?** \_\_\_\_\_ **Can you work nights?** \_\_\_\_\_

**Employment Desired:**     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

**When available for work?** \_\_\_\_\_

**EDUCATION & OTHER INFORMATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
<b>High School</b>				
<b>College</b>				
<b>Bus. or Trade School</b>				

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Have you ever been convicted of a crime? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>	
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.	
Do you have a driver's license? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
What is your means of transportation to work?	
Driver's License Number:      State of issue: <span style="float: right;"><input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur</span>	
Expiration Date:	
Have you had any accidents during the past three years?	How many?
Have you had any moving violations during the past three years?	How Many?
<b>OFFICE ONLY</b>	
Typing <input type="checkbox"/> Yes                      10-key <input type="checkbox"/> Yes                      Word <input type="checkbox"/> Yes <input type="checkbox"/> No      _____ WPM <input type="checkbox"/> No                      Processing <input type="checkbox"/> No      _____ WPM	
Personal <input type="checkbox"/> Yes                      PC <input type="checkbox"/> Computer <input type="checkbox"/> No                      Mac <input type="checkbox"/>	Other Skills:
<b>Please list two references other than relatives or previous employers.</b>	
Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.	

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<b>MILITARY</b>			
Have you ever been in the armed forces? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Are you now a member of the national guard? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>Specialty</b>	<b>Date Entered</b>	<b>Discharge Date</b>	
<b>Work Experience</b>	Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>		
<b>Job One</b>			
<b>Name of Employer:</b>	<b>Name of Last Supervisor</b>	<b>Employment Dates</b>	<b>Salary</b>
<b>Complete Address:</b>		<b>From:</b>	<b>Start:</b>
		<b>To:</b>	<b>Final:</b>
<b>Phone Number:</b>	<b>Your Last Job Title:</b>		
<b>Reason for Leaving (be specific):</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			
<b>Job Two</b>			
<b>Name of Employer:</b>	<b>Name of Last Supervisor:</b>	<b>Employment Dates</b>	<b>Salary</b>
<b>Complete Address:</b>		<b>From:</b>	<b>Start:</b>
		<b>To:</b>	<b>Final:</b>
<b>Phone Number:</b>	<b>Your Last Job Title:</b>		
<b>Reason for Leaving (be specific):</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

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Job Three			
<b>Name of Employer:</b>	<b>Name of Last Supervisor:</b>	<b>Employment Dates</b>	<b>Salary</b>
<b>Complete Address:</b>		<b>From:</b>	<b>Start:</b>
		<b>To:</b>	<b>Final:</b>
<b>Phone Number:</b>	<b>Your Last Job Title:</b>		
<b>Reason for Leaving (be specific):</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			
<b>May we contact your present employer?</b>			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Did you complete this application yourself?</b>			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If not, who did?</b>			
<p>This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.</p>			
<p><b>Thank you for completing this application form and for your interest in our business.</b></p>			



**Employer Lynx, Inc.**  
NV Lic #793

## DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) or application to rent a dwelling with \_\_\_\_\_, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, worker's compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired /contracted, I understand that my employer / landlord can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Employer Lynx, Inc.**  
NV Lic #793

## EMPLOYER LYNX RELEASE AND AUTHORIZATION FOR CONSUMER REPORTS

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: Employer Lynx, Inc. ("Agency"), 501 E. Caroline Street, Carson City, NV 89701, telephone number (775) 883-3733, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.employerlynx.com](http://www.employerlynx.com).

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to be. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PST) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's office, which address is listed above. I can have someone accompany me to the Agency's office. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization form for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave., Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

