



# WSB FINANCIAL LTD.

and Subsidiaries

AN EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last MI First

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit:  Yes  No

If no, explain: \_\_\_\_\_

Have you ever been employed here before?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Type of employment desired:  Full-time  Part-time Hours Available: \_\_\_\_\_

Are you able to meet the attendance requirements of the position?  Yes  No

Have you been convicted of a crime in the last seven (7) years?  Yes  No

If yes, please explain: \_\_\_\_\_

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's License Number if driving is an essential job function: \_\_\_\_\_ State: \_\_\_\_\_

### Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Immediate Supervisor and Title: \_\_\_\_\_  
 Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Immediate Supervisor and Title: \_\_\_\_\_  
 Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Skills and Qualifications**

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_

**General Skills**

10-key/Adding Machine \_\_\_\_\_  
 Keyboarding \_\_\_\_\_ WPM: \_\_\_\_\_  
 Cash Handling \_\_\_\_\_  
 Check Handling \_\_\_\_\_  
 Document Imaging \_\_\_\_\_  
 Encoder/Proof Machine \_\_\_\_\_  
 Check Processing/Sorter \_\_\_\_\_

**Computer Skills**

Basic Programming \_\_\_\_\_  
 Desktop Publishing \_\_\_\_\_  
 Data Entry \_\_\_\_\_  
 Teller Terminal \_\_\_\_\_  
 Word Processing \_\_\_\_\_  
 Spreadsheets \_\_\_\_\_  
 Software Experience: \_\_\_\_\_  
 \_\_\_\_\_

**Educational Background:**

High School: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
 Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
 Course of Study: \_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Years Known: \_\_\_\_\_

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS, **CONSUMER REPORTING AGENCIES** AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

**MY SIGNATURE BELOW DENOTES MY CONSENT TO BACKGROUND CHECKS. THESE CHECKS MAY INCLUDE, BUT ARE NOT LIMITED TO, DRUG TESTS, CHECKS RELATING TO CRIMINAL BACKGROUND, CREDIT CHECKS, APTITUDE TESTING AND EDUCATIONAL VERIFICATION.**

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I UNDERSTAND THAT I AM NOT OBLIGATED TO DISCLOSE SEALED OR EXPUNGED RECORDS OF CONVICTION OR ARREST.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

NOTE: NEVER email us with private personal information. Your completed form may be brought into one of the offices of Williamsville State Bank and Trust.