

One Family, Helping Another Member FDIC | Equal Housing Lender

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FSB Employment Application

First Name:	ne: Last Name					
Submitted on:						
		Applicant Informa	ation			
Street Address Line 1		e 1	Street Address Line 2			
City		State		ZIP Code		
Social Security No.		Home F	Phone Email Address		dress	
Position Applying For:						
Date Available:			Desired Salary:			
Have you worked for Flanagan State Bank before?	O Yes					
If yes, when?						
		Education				
High School (required)	Name	School Street Address	School City	School State	School Zip	
College (required)	Name	College Street Address	College City	College State	College Zip	

Years Attended - College (required)	From			То	
Graduated?	○ Yes ○ No				
Degree:					
Other (required)	Name	Street Address	City	State	Zip
Years Attended - Other (required)		From		То	
Graduated?					
Degree:					
	Reference 1	(Please list three professional	references)		
Name					
Relationship Company Name					
Phone No.					
Thomas its.					
	Address Line 1				
	Address Line 2				
	City	State	ZIP (Code	
		Reference 2			
Name					
Relationship					
Company Name					
Phone No.					
	Address Line 1				
	Address Line 2				
	City	State	ZIP (Code	
		Reference 3			
Name					
Relationship					
Company Name					
Phone No.					

	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
		Previous Employment		
Company Name				
Phone				
	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
Supervisor				
Job Title				
Responsibilities				
Start Date				
End Date				
Reason For Leaving				
May we contact your previous supervisor for a reference?				
		Employer 2		
Company Name				
Phone				
	Address Line 1			
	Address Line 1 Address Line 2			
		State	ZIP Code	
	Address Line 2	State	ZIP Code	
	Address Line 2	State	ZIP Code	
Supervisor Job Title	Address Line 2	State	ZIP Code	
Job Title Responsibilities	Address Line 2	State	ZIP Code	
Job Title Responsibilities Start Date	Address Line 2	State	ZIP Code	
Job Title Responsibilities Start Date End Date	Address Line 2	State	ZIP Code	
Job Title Responsibilities Start Date End Date Reason For Leaving	Address Line 2 City	State	ZIP Code	
Job Title Responsibilities Start Date End Date	Address Line 2	State	ZIP Code	
Job Title Responsibilities Start Date End Date Reason For Leaving May we contact your previous supervisor for a reference?	Address Line 2 City O Yes	State State	ZIP Code	
Job Title Responsibilities Start Date End Date Reason For Leaving May we contact your previous supervisor for a	Address Line 2 City O Yes		ZIP Code	

	Address Line 1		
	Address Line 2		_
	Address Line 2		
	City	State	ZIP Code
Supervisor			
Job Title			
Responsibilities			
Start Date			
End Date			
Reason For Leaving			
May we contact your previous supervisor for a reference?	○ Yes ○ No		
race, color, religion, sex, naticomplies with applicable statifacilities. This policy applies layoff, recall, transfer, leaves harassment based on race, conformation, disability, or vete duties may result in discipline DISCLAIMER AND SIGNATURE.	ional origin, age, disability of the and local laws governing to all terms and conditions of absence, compensation color, religion, gender, sexueran status. Improper interfee up to and including dischaure. URE true and complete to the b	or genetics. In addition to federal nondiscrimination in employmen of employment, including recruiting and training. Flanagan State Baual orientation, gender identity or erence with the ability of Flanaga arge.	and applicants for employment without regard to law requirements, Flanagan State Bank in every location in which the company has ing, hiring, placement, promotion, termination, ank expressly prohibits any form of workplace expression, national origin, age, genetic an State Bank's employees to perform their job man legally authorized to work in the United formation in my application or interview may result
in my release.			
(required)	I AGREE with the ab	ove statement and electronically	sign by checking this box.
	Fai	r Credit Reporting Information	
provide written notification to report. This notice is provided to info on you for employment purpogranted, Flanagan State Ban employment purposes so as A consumer report is any repagency bearing on your cred of living. Flanagan State Ban you and if so, the name and An investigative consumer rewhom you are acquainted or living. Flanagan State Bank or report on you and if so, the nacope of any such report. By electronically signing this report and/or an investigative	orm you that Flanagan States, including hiring, promote may obtain further consult to update, renew, or extension to update, or exte	t before attempting to procure the see Bank will procure a consumer notion, demotion, or termination pumer reports and/or investigative d your employment. Or through other communication) and, credit capacity, character, genwritten request of whether Flana eporting agency that furnished the ormation by personal interviews werning your character, general resisten request of whether Flanaga on sumer reporting agency that furnished the grant of the process of the second process of th	with acquaintances or associates or others with eputation, personal characteristics or mode of in State Bank received an investigative consumer rnished the report as well as the nature and Flanagan State Bank to obtain a consumer knowledge that you have received a summary of derstood this disclosure and acknowledgment.
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Click the links below to view these additional documents before completing your application:

A Summary of Your Rights Under the Fair Credit Reporting Act Flanagan State Bank Drug-Free Workplace Policy

PDF Disclaimer:

A PDF reader is required to view theese documents. If you do not currently have a PDF reader installed on your computer, you may download a free reader at this website: Download Adobe Acrobat's FREE Reader.

Pre-Employment Drug/Alcohol Testing Consent and Release Form

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Flanagan State Bank ("the Company") in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre employment consent and release form shall have the same force and effect as the original.

I have carefully read the attached Drug Free Workplace Policy and the foregoing contents of this form and fully understand the contents of these documents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

both cocrete into digning the document by drivene.			
(required)	I AGREE with the above statement and electronically sign by checking this box.		