



Member FDIC | Equal Housing Lender

[Privacy Statement](#)

R Bank | Employment Application

First Name:		Last Name:	
Submitted on:			
Personal Information			
Application Date (required)			
How Did You Find Us?			
First Name		Middle Initial	Last Name
_____		_____	_____
Primary Phone		Your E-mail Address	
_____		_____	
Address Information (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
	_____	_____	_____
Are you 16 years of age or older? (required)	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
Employment Desired			
Position		Date available to start	Wage/Salary Desired
_____		_____	_____
Are you currently employed? (required)	<input type="radio"/> Yes		
	<input type="radio"/> No		
May we contact your present employer? (required)	<input type="radio"/> Yes		
	<input type="radio"/> No		
If no, explain			
Have you ever applied with us before? (required)	<input type="radio"/> Yes		
	<input type="radio"/> No		

If yes, where?

When?

Were you offered a Position?

- Yes
 No

Education

High School (required)

Name

Location

Years Completed (required)

- 1
 2
 3
 4

Graduated

- Yes
 No

College-If no, enter "N/A" (required)

Name

Location

Years Completed

- 1
 2
 3
 4
 N/A

Graduated (required)

- Yes
 No
 N/A

Degree (required)

Business, Trade, or Correspondence School-If none, enter "N/A" (required)

Name

Location

Years Completed (required)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> N/A
Graduated	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Degree or Certificate	
Other Study or Research	
Job-related skills typing, etc., (required)	
Fluent Languages (required)	

List your last four employers, starting with the most recent first.

Employment	
Employer 1	
Name (required)	
Address	
City & State (required)	
Phone Number (required)	
Start Date (required)	
End Date (required)	
Position (required)	
Ending Salary/Wage (required)	
Reason For Leaving (required)	
Employer 2	
Name (required)	
Phone Number (required)	
Address	
City & State (required)	
Start Date (required)	
End Date (required)	
Position (required)	
Ending Salary/Wage (required)	
Reason For Leaving (required)	
Employer 3	
Name (required)	

Phone Number (required)	
Address	
City & State (required)	
Start Date (required)	
End Date (required)	
Position (required)	
Ending Salary/Wage (required)	
Reason For Leaving (required)	
Professional Reference 1	
Name (required)	
Phone No. (required)	
Company (required)	
Relationship (required)	
Professional Reference 2	
Name (required)	
Phone No. (required)	
Company (required)	
Relationship (required)	
Professional Reference 3	
Name (required)	
Phone No. (required)	
Company (required)	
Relationship (required)	
Do you have the legal right to work in the U.S.? (required)	<input type="radio"/> Yes <input type="radio"/> No
If hired, it will be necessary for you to promptly submit documentation of your identity and right to work in the U.S. List any days or hours when you are not available to work	
Have you ever been convicted of a crime?	<input type="radio"/> Yes <input type="radio"/> No
Note that a criminal record will not necessarily prevent employment. We will consider the nature of the event and relevant circumstances. If yes, describe the facts and circumstances and give the dates and locations.	
Have you ever been discharged or asked to resign from a position? (required)	<input type="radio"/> Yes <input type="radio"/> No

Please provide a detailed explanation of all prior disciplinary problems/actions.

AUTHORIZATION

I AUTHORIZE any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they may have with regard to any of the subjects covered by this application, and I release such parties from all liability from any damages which may result from furnishing such information to you.

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize R Bank, to investigate any statement contained in this application, as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in refusal to hire or immediate termination if hired. I understand also, that I am required to abide by all rules, regulations, and policies of R Bank.

R Bank is subject to Executive Order 11246 and to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA). It is the policy of R Bank to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves, as indicated below, in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR EMPLOYMENT APPLICATION. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

APPLICATION TO SELF-IDENTIFY (VOLUNTARY)

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose Not to Self-Identify
Race Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or more races (not Hispanic or Latino) <input type="checkbox"/> Choose Not to Self-Identify
Protected Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose Not to Self-Identify

A person is considered to be a Protected Veteran if any of the following classifications apply:

- **Disabled Veteran** – a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service – connected disability.
- **Recently Separated Veteran** – a veteran during the three-year period beginning on the date of discharge or release from active duty in the U.S. military, ground, naval, or air service.
- **Active Duty Wartime or Campaign Badge Veteran** – a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed Forces Service Medal Veteran** – a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

(required)	<input type="checkbox"/> I AGREE with the above statement
Authorization	<hr/> <p style="text-align: center;">Signature Date</p> <hr/>
Resume <i>(required)</i>	Please submit this information as an additional attachment.