



# APPLICATION FOR EMPLOYMENT

Location Preference: (Please Check):

Lake City

Gainesville

No Preference

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

*Race, color, religion, age, sex, disability, family, veteran status, place of national origin or other discriminatory categories are not factors in employment, promotion, compensation or working conditions. Applicants requiring reasonable accommodations to the application / interview process should notify the Human Resources Department at 386-754-8888.*

## Personal Information

Last Name:	First Name:	Middle Name:
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Address :	Phone Number:
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City, State, Zip Code:	Email Address:
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Are you legally eligible to be employed in the United States    Yes    No    If needed, do you have work permits?    Yes    No

Are you 18 years of age or older?    Yes    No    Available Start Date: \_\_\_\_\_    Rate of Pay Expected: \_\_\_\_\_

Position Desired:    Full Time    Part Time

Do you know anyone working for Columbia Bank?    Yes    No

Please state name and relationship: \_\_\_\_\_

Have you ever been discharged or requested to resign from a position?    Yes    No

If yes, to the above question, please explain: \_\_\_\_\_

May we contact your present or previous employer(s)?    Yes    No

Have you ever held a position of trust (i.e. handling money or confidential material)?    Yes    No

Why are you looking to make an employment change? \_\_\_\_\_

## Education

	Name & Location	Graduate	Diploma	Major / Minor Studies	Grade Average
High School					
College					
Other					

Do you have any experience, training, qualifications or skills, which you feel make you especially suited for work at Columbia Bank?

Yes    No

If so, explain in detail: \_\_\_\_\_

## Skills

Indicate your skill level with the following: <span style="color: red;">None, Satisfactory, Excellent</span>	Sales Experience:	PC Software (Specify Name):
Balancing a cash drawer	Financial Products	Word Processor: _____
Customer Service	Monthly Sales Goal	Calendar: _____
Research	Frequency Reached Goal	Spreadsheet: _____
Problem Solving		Email: _____
Credit Investigation		Other: _____
Typing		





**Please Read and Initial each Paragraph Below (if there is any part of this page that you do not understand, please ask a member of our Human Resources Department about it before signing).**

I hereby authorize Columbia Bank to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Columbia Bank, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigations or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment drug screen. By signing this application, I voluntarily agree to submit to a pre-employment drug screen upon request. I understand that failure to pass the drug screen will result in withdrawal of the employment offer.

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Columbia Bank may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screening will be considered a voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted, is intended to create an employment contract, implied or explicit, between Columbia Bank and me. In addition, I understand and agree that if employed, my employment relationship with Columbia Bank is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Columbia Bank, and that no promises or representations contrary to the foregoing are binding on Columbia Bank unless made in writing and signed jointly by the President/CEO and myself.

I understand and agree that any future changes in my title, duties, compensation, working hours and/or conditions, and/or Columbia Bank benefits, policies and procedures will not alter our at-will agreement.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Florida driver's license and understand that I may be required to provide a copy of my official driving record and/or proof of insurance. I also understand that, on occasion, I may be required to travel to another bank office.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omissions or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby affirm that my answers to the foregoing questions are true and correct. My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name Printed



**Application for Employment: Supplemental Application**

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

1. Do you have a valid driver's license?	Yes	No	_____	_____
			State	Driver's License Number
Good Driving Record?	Yes	No		
If no, why?				

2. Essential Functions for most positions require the ability to physically change locations, count cash, write, and/or type repetitively for the duration of your shift. Are you able to fulfill those essential functions? Yes No

3. Why do you want to work for Columbia Bank?

4. Describe what teamwork means to you?

5. How would you compare teamwork to working individually?

5a. Which is more comfortable to you?

5b. Teamwork or Individual accomplishment? Why?

6. Name three things that are important to you in your job?

7. Describe how you turned a bad situation into a positive outcome.

8. What are your greatest strengths? Weaknesses?

9. What do others consider your greatest strengths? Weaknesses?

10. What aspect of your last job did you like most? Least?

**We appreciate your interest in working for Columbia Bank. If you would like more information on Columbia Bank or have any questions, please notify our Human Resources Department at 386-754-8888.**

## Return With Application



### Applicant's Authorization to Release Information

As an applicant for a position with Columbia Bank, I authorize all past and current employers and educational institutions to release information about my work history and education for the use in determining my qualifications for this position.

Please release or verify the following items indicated:

**Yes**      **No**

All Information Requested

Employers:

- Salary History
- Dates of Employment
- Positions Held
- Supervisors (Names of)
- Responsibilities and Duties Performed
- Reasons for Leaving
- Eligibility for Rehire
- Attendance Record for your Last Year of Employment

Educational Institutions:

- Degree Obtained
- Transcript
- Licenses/Certificates

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

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

Expiration Date of this release (if any): \_\_\_\_\_

**Return With Application**



**Criminal Report Disclosure, Questionnaire and Authorization**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Date of Birth for Pre-hire checks only: \_\_\_\_\_

**PLEASE NOTE**

**This form must be completed and returned with your application.**

This disclosure is to certify that I have been made aware that a criminal investigative report will be used in determining my employment possibilities and/or continuation. This also serves as authorization to procure said criminal report. I understand that before any adverse action I will be provided the information on how to receive a copy of the report.

Have you ever been arrested, convicted, pled nolo contendere, had adjudication withheld or been placed on probation for any criminal offense? Responding yes will not automatically disqualify you from employment. Yes No

If yes, please provide: state, dates, place, courts, where offense occurred and judgement given:

Have you ever been arrested, convicted, pled nolo contendere, had adjudication withheld or been placed on probation for a criminal offense, including but not limited to offenses involving dishonesty or breach of trust (i.e. robbery, embezzlement, forgery, perjury, tax evasion, shop lifting, etc.)? Responding yes will not automatically disqualify you from employment. Yes No

If yes, please provide: state, dates, place, courts, where offense occurred and judgement given:

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Conviction of a crime is not an automatic bar to employment. All circumstances will be taken into consideration. Article 12. U.S. Code, Section 1829 states that "Except with written consent of the FDIC, no person shall serve as director, officer, or employee of an insured bank (Columbia Bank) who has been convicted of any criminal offense involving dishonesty or breach of trust."*

**Return With Application**



**Consumer Report Disclosure and Authorization**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**PLEASE NOTE**

**This form must be completed and returned with your application.**

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act of 1996) and applicable state law, this notice is to inform you that a Consumer Report may be obtained in connection with your application for employment or ongoing employment with Columbia Bank. "Consumer Reports" include, but are not limited to, credit reports, criminal background checks, and motor vehicle reports.

My signature below represents my voluntary authorization for Columbia Bank, including its agents and representatives, to obtain a Consumer Report on me for use in connection with my application for employment or ongoing employment with Columbia Bank. I understand that the term "Consumer Report" includes, but is not limited to, credit reports, criminal background checks, and motor vehicle reports. If hired or currently employed, I understand that this authorization shall serve as ongoing authorization for a Consumer Report to be obtained at any time in connection with my employment.

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

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

*Columbia Bank expects its employees to meet the challenge of providing financial services of the highest quality and integrity, and to act as responsible members of the community in which they live. Because of the special responsibilities we have as bankers to handle our customer's financial affairs, to offer advice, and counsel, we must demonstrate the highest personal standards of financial responsibility and integrity. All employees of Columbia Bank are expected to conduct their personal affairs in such a manner as to be above criticism.*

## Return With Application



### Pre-Employment Information for Women and Minorities

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

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

### PLEASE NOTE

**This form must be completed and returned with your application.**

Columbia Bank is an Equal Opportunity Employer. The information listed below is needed to comply with State and Federal statistical purposes only. Submittal of this information is strictly voluntary and no adverse treatment will result should you choose not to provide it. This information will be kept confidential except as allowed for by the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974.

Female	Male
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- (ASN) Asian
- (AM I) American Indian
- (BLK) Black or African American
- (HIS) Hispanic
- (WHT) White

### Referral Source - Please check the source that is most applicable

Unsolicited

Newspaper Advertisement Identify: \_\_\_\_\_

Workforce Agency

School Identify: \_\_\_\_\_

Employee Referral Identify: \_\_\_\_\_

Other Identify: \_\_\_\_\_



## Voluntary Self Identification Form



Columbia Bank is a government contractor subject to the Vietnam Era Veterans' Readjustment Act of 1974 (VEVRAA), as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans, other protected veterans, and Armed Forces service medal veterans.

If you are a disabled veteran, recently separated veteran, other protected veteran, or Armed Forces service medal veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us.

1. The term "disabled veteran" refers to a veteran 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 Defense, or was discharged or released from active duty because of a service-related disability.
2. The term "recently separated veteran" refers to a veteran during the 3-year period beginning on the date of such veteran's discharge or release from active duty.
3. The term "other protected veteran" refers to a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the U.S. Department of Defense.
4. The term "armed forces service medal veteran" refers to a person who, while serving on active duty in the armed forces, participated in a United States military operation for which an armed forces service medal was awarded pursuant to Executive Order 12985 (62 CFR 1209).

You may inform us of your desire to benefit under the program at this time and/or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended.

The information you submit will be kept confidential, except that:

1. Supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations;
2. First aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and
3. Government officials engaged in enforcing laws administered by the OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

**IMPORTANT: Refusal to provide the information will not subject the applicant or employee to any adverse treatment.**

I am a(n):       Individual with a disability                       Other Protected Veteran  
                      Disabled Veteran     Recently Separated Veteran  
                      Armed Forces Service Medal Veteran

\_\_\_\_\_ And I am voluntarily self-identifying and requesting coverage under Columbia Bank's Affirmative Action Plan.

My disability is: \_\_\_\_\_

Military Service Dates: \_\_\_\_\_

War/Campaign/Expedition: \_\_\_\_\_

I have the following special skills: \_\_\_\_\_

\_\_\_\_\_ I decline the employer's offer to voluntarily self identify as a covered veteran and/or protected disabled individual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date