



# FOUNDERS COMMUNITY BANK

237 Higuera, San Luis Obispo CA 93401  
(805)543-6500

## Employment Application

(5 pages)

Please Print

Date \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Have you gone by any other name? (If yes, please state) \_\_\_\_\_

### Employment Desired

Position Applying for: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

What days/hours are you available for work? \_\_\_\_\_ Overtime? Yes \_\_\_ No \_\_\_

If hired, on what date can you start work? \_\_\_\_\_ Wage desired: \_\_\_\_\_

Do you have any friends or relatives working for FCB? If yes, please state name(s) and relationship:  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes \_\_\_ No \_\_\_

Are you at least 18 years of age? Yes \_\_\_ No \_\_\_  
(If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes \_\_\_ No \_\_\_

If no, describe the functions that cannot be performed: \_\_\_\_\_  
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests).

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
If yes, state nature of the crime(s), when and where convicted, and disposition of the case  
(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

### Education, Training, and Experience

School	Name and address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				

Do you speak, write or understand any foreign languages? Yes \_\_\_ No \_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, certifications, military experience or skills which you feel make you especially suited for work at FCB? Yes \_\_\_ No \_\_\_

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

### Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. Use back of this form if necessary.

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<b>Name of Employer</b>	<b>Supervisor's Name</b>	<b>Phone</b>
_____	_____	_____
<b>Address</b>	<b>City</b>	<b>State</b>
_____	_____	_____
<b>Dates of Employment:</b> From _____ To _____	<b>Wage: Starting</b>	<b>Zip Ending</b>
_____	_____	_____

Your position/duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Can we contact this employer for a reference? Yes \_\_\_ No \_\_\_

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<b>Name of Employer</b>	<b>Supervisor's Name</b>	<b>Phone</b>
_____	_____	_____
<b>Address</b>	<b>City</b>	<b>State</b>
_____	_____	_____
<b>Dates of Employment:</b> From _____ To _____	<b>Wage: Starting</b>	<b>Zip Ending</b>
_____	_____	_____

Your position/duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Can we contact this employer for a reference? Yes \_\_\_ No \_\_\_

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<b>Name of Employer</b>	<b>Supervisor's Name</b>	<b>Phone</b>
_____	_____	_____
<b>Address</b>	<b>City</b>	<b>State</b>
_____	_____	_____
<b>Dates of Employment:</b> From _____ To _____	<b>Wage: Starting</b>	<b>Zip Ending</b>
_____	_____	_____

Your position/duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Can we contact this employer for a reference? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
**Name of Employer** **Supervisor's Name** **Phone**  
 \_\_\_\_\_  
**Address** **City** **State** **Zip**  
**Dates of Employment: From** \_\_\_\_\_ **To** \_\_\_\_\_ **Wage: Starting** \_\_\_\_\_ **Ending** \_\_\_\_\_

**Your position/duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_ **Can we contact this employer for a reference? Yes \_\_\_ No \_\_\_**

**References**

List below three persons not related to you who have knowledge of your work performance within the last five years.

First and Last Name	Address and Phone	Occupation	Years Known

**Previous Addresses**

Please provide your current and previous addresses for the last 10 years, and the dates that you lived there. Use back of form if necessary.

**Current Address:**

\_\_\_\_\_  
 Address City State Zip  
 Years at this address \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
 Address City State Zip  
 Years at this address \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
 Address City State Zip  
 Years at this address \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
 Address City State Zip  
 Years at this address \_\_\_\_\_ to \_\_\_\_\_

**Please Read Carefully, Initial and Sign Below:**

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 omission or misstatement of material fact on this application or on any document 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.

\_\_\_\_\_  
Initials

I hereby authorize Founders Community Bank to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Founders Community Bank, my 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 investigation disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Bank. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at will, at any time, with or without prior notice or cause, at the option of either myself or the Bank, and that no promises or representations contrary to the forgoing are binding on the company unless made in writing and signed by me and the Bank's designated representative.

\_\_\_\_\_  
Initials

I understand that, should a search of public records (including but not limited to, records documenting: an arrest indictment, conviction, civil judicial action, tax lien or outstanding judgment, or civil monetary penalties) be conducted by internal personnel or an outside company designated by the Bank, I am entitled to copies of any such public records obtained by the Bank *unless* I initial below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have initialed the below.

\_\_\_\_\_  
Initials

\_\_\_\_\_ I waive receipt of a copy of any public record described in the paragraph above.

Initials

I understand that employment with FCB is contingent upon a clear credit report approved by a designated Bank representative and background screening (which may include fingerprinting).

\_\_\_\_\_  
Initials

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**Applicant's Signature**

**Date**

This application will remain valid for 90 days from the applicant signature date.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, ancestry, national origin, creed, religion, age, sex, sexual orientation, marital status, handicap, pregnancy, physical or mental disability, medical condition, status as a disabled veteran, or other protected characteristics except where a reasonable, bona fide, occupational qualification exists. We comply with all laws regarding reasonable accommodation for disabled and handicapped employees.

## Notice and Disclosure to Obtain Consumer Credit Report

In connection with my application for employment or promotion or other job change, I understand that Founders Community Bank (the Company) may obtain a Credit Report and conduct a background screen from one or more consumer reporting agencies. Further, I understand and agree that the Company may request information from various federal, state, local and other agencies, including (but not limited to) public and private sources which maintain records concerning my past activities relating, but not limited to, my driving record, credit history, criminal record, civil matter, previous employment, educational background and professional licensing if any.

My signature below indicates that I understand the above statement and that further authorization forms will be provided to me if the Company intends to obtain a consumer report from a consumer reporting agency. Furthermore, if a Credit Report is conducted, I understand that at the time of authorization I may choose to receive a free report.

If a consumer report is obtained, before making an adverse decision affecting your employment, the Company will provide to you a copy of the consumer report and description in writing of your rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date