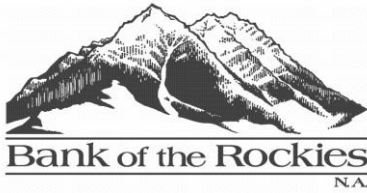


# Employment Application

An Equal Opportunity Employer



## White Sulphur Springs Office

PO Box 709  
205 West Main  
White Sulphur Springs, MT 59645  
Ph 406.547.3331 · Fax 406.547.3335  
Toll Free 800.362.6669

## Emigrant Office (PVO)

PO Box 298  
307 Story Road  
Emigrant, MT 59027  
Ph 406.333.9009 · Fax 406.333.9328

## Helena Office

PO Box 5509  
2000 Prospect Avenue  
Helena, MT 59604  
Ph 406.495.1900 · Fax 406.495.1905  
Toll Free 877.726.9797

## Clyde Park Office (SVO)

PO Box 2  
205 1st Street  
Clyde Park, MT 59018  
Ph 406.686.4204 · Fax 406.686.4206

## Livingston Office

1203 W. Park Street  
Livingston, MT 59047  
Ph 406.222.9010 · Fax 406.222.4456  
Toll Free 877.625.4375

## Lewistown Office

PO Box 660  
401 W. Main Street  
Lewistown, MT 59457  
Ph 406.538.7448 · Fax 406.538.7440

### Personal Information

Full Name \_\_\_\_\_

Date \_\_\_\_\_

Are you over 18 years of age?  Yes  No

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

How long at current address? \_\_\_\_\_

Phone Number \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

If you are not a U.S. citizen, do you have the legal right to remain permanently in the U.S.?  Yes  No

Position being applied for \_\_\_\_\_

Salary desired: \$ \_\_\_\_\_

### Employment History

Are you presently employed?  Yes  No If yes,  Full-time  Part-time  Temporary

May we contact your present employer?  Yes  No

From	Name and Address of Employer	Position/Description of Duties	Supervisor's Name	Starting Salary
/				
To			Phone Number	Final Salary
/				

Reason for Leaving \_\_\_\_\_

From	Name and Address of Employer	Position/Description of Duties	Supervisor's Name	Starting Salary
/				
To			Phone Number	Final Salary
/				

Reason for Leaving \_\_\_\_\_

From	Name and Address of Employer	Position/Description of Duties	Supervisor's Name	Starting Salary
/				
To			Phone Number	Final Salary
/				

Reason for Leaving \_\_\_\_\_

From /	Name and Address of Employer	Position/Description of Duties	Supervisor's Name	Starting Salary
To /			Phone Number	Final Salary

Reason for Leaving \_\_\_\_\_

**Education**

Name & Address of School	From Mo/Yr	To Mo/Yr	GPA	Major Area of Study/Degree	Date Graduated
<b>High/Prep Schools</b>					
<b>Colleges</b>					
<b>American Institute of Banking</b>					
<b>Other Education</b>					

Do you plan to further your education?  Yes  No If so, when and in what area? \_\_\_\_\_

**References**

Name	Address	Phone	Profession/Title	Years Known

**Miscellaneous**

Have you ever been bonded?  Yes  No

Have you ever been refused bond?  Yes  No If yes, state reason and date: \_\_\_\_\_

To your knowledge, is there any reason you would not be bondable?  Yes  No If yes, explain: \_\_\_\_\_

Activities (civic, athletic, fraternal, etc.) - Exclude organizations in which the name or character indicates the race, creed, color, or national origin of its members. \_\_\_\_\_

Who referred you to this bank? \_\_\_\_\_

Are you related to or do you know anyone employed by this bank?  Yes  No If yes, state name and relationship if applicable? \_\_\_\_\_

Please attach a resume listing your qualifications for the position.

**ACKNOWLEDGMENT**

PLEASE READ BEFORE SIGNING.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM OF THE INTERVIEWER BEFORE SIGNING.

In the event of my employment by Bank of the Rockies, I will comply with all the rules and regulations set forth in the employee manual and other communications available to all employees.

In processing this employment application, I understand that Bank of the Rockies may request an investigative consumer report be prepared. This report may include information as to my character and general reputation. I have the right to request that Bank of the Rockies completely and accurately disclose to me the nature and scope of such investigation if I make a request to the Bank of the Rockies' personnel department within a reasonable time after completing this application.

I understand that this application will remain active for 30 days and that, if employed, I will be on probationary status for the first six (6) months of employment in accordance with the Bank of the Rockies' employee manual.

I hereby acknowledge that I have read the above statement, understand same, and certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or for dismissal after employment.

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**Signature of Applicant**

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**Date**