

APPLICATION FOR EMPLOYMENT

Albina Community Bank ~ Equal Opportunity Employer
This company will make reasonable accommodation in the application process, if needed.



PERSONAL INFORMATION.

Name (Last, First, M.I.)		Date
Street Address (Street, City, State, Zip Code)		
Mailing Address, if different (Street, City, State, Zip Code)		
Phone Number ()	Referred by	
State Names and Relationship to any Relatives in our Employ	Social Security Number	

POSITION DESIRED – Applications will be accepted for open positions only

Position Desired	
Date you can start	Salary Desired
Are you employed now?	May we contact your Employer?
Have you ever applied to this company before?	

EDUCATION

SCHOOL	NAME AND LOCATION	GRADUATED		COURSE OF STUDY
		YES	NO	
High School				
College				
Postgraduate School				
Other Education and Training				

WORK EXPERIENCE – must be completed even if you are attaching a resume

List your last three employers, beginning with the most recent.				
(1) Employer				
Address		City	State	Zip Code
From	To	Position Held		
Reason for leaving				
Description of duties				
Supervisor's Name & Title			May we contact?	
Starting Salary			Final Salary	

(2) Employer				
Address		City	State	Zip Code
From	To	Position Held		
Reason for leaving				
Description of duties				
Supervisor's Name & Title		May we contact?		
Starting Salary		Final Salary		
(3) Employer				
Address		City	State	Zip Code
From	To	Position Held		
Reason for leaving				
Description of duties				
Supervisor's Name & Title		May we contact?		
Starting Salary		Final Salary		

Have you ever been convicted of a felony or misdemeanor? (A positive response will not necessarily disqualify you from consideration.) Please provide details.

AUTHORIZATION AND ACKNOWLEDGEMENTS

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM HIRED, ANY FALSE STATEMENT ON THIS APPLICATION MAY BE GROUNDS FOR DISMISSAL.

The employment application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I understand that neither this application nor any written personnel procedure manual or employee handbook is an express or implied contract of permanent employment. I further understand that my relationship with the Company is "at-will" and for an unspecified term and the Company and I each have the right to terminate the employment relationship at any time, with or without cause or advance notice.

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

SIGNED	DATE
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This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Please return in person or by mail to: Albina Community Bank, 2002 NE MLK, Jr. Blvd., Portland, OR 97212, (503) 287-7537

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

DEAR APPLICANT:

Please be advised that in connection with your application for employment with Albina Community Bank, a consumer report as defined in the Federal Fair Credit Reporting Act may be obtained by Albina Community Bank, or our agent, for employment purposes. This report will provide other information on you to Albina Community Bank.

I AUTHORIZE ALBINA COMMUNITY BANK TO OBTAIN A CONSUMER REPORT FOR EMPLOYMENT PURPOSES. I ALSO GRANT PERMISSION TO CONTACT ALL REFERENCES SPECIFICALLY AUTHORIZED AND PERMIT SAID REFERENCES TO RELEASE ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION. I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THIS INFORMATION.

SIGNED	DATE
PRINT NAME (FIRST, MIDDLE, LAST)	
DATE OF BIRTH	VALID ID #

Please retain a copy of this statement for your records.