



# Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> PB Employee _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?      Yes      No

Have you ever filed an application with us before?      Yes      No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?      Yes      No  
If Yes, give date \_\_\_\_\_

Are you currently employed?      Yes      No

May we contact your present employer?      Yes      No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?      Yes      No  
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:      Full time      Part Time      Shift Work      Temporary

Are you currently on "lay-off" status and subject to recall?      Yes      No

Can you travel if a job requires it?      Yes      No

Do we currently employ a member of your family or household?      Yes      No

Have you been convicted of, or are you awaiting trial for a crime (other than minor traffic violations)?      Yes      No  
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Describe any job-related training received in the United States military.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may leave blank any organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		WORK PERFORMED
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		WORK PERFORMED
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		WORK PERFORMED
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		WORK PERFORMED
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

**List professional, trade, business or civic activities and offices held.**  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

---

—

---

—

---

—





**RELEASE OF INFORMATION AUTHORIZATION**  
**Pre-employment background screening**  
**Pinnacle Bank**

The following information is helpful to your potential employer when processing your pre-employment background check. Providing the following information will expedite your approval for employment. You are not required to release this information.

If you are currently employed may we contact your employer?

Yes \_\_\_\_\_ No \_\_\_\_\_ Post Hire Only \_\_\_\_\_

I understand that an Investigative Consumer Report (“Consumer Report”) may be prepared summarizing the information contained in my background check.

I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. I should direct my request to: Risk Assessment Group, LLC. P.O. Box 27443, Tempe, Arizona 85285. Phone 866-777-1114.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment has been made.

Are you applying for employment in the State of California? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are applying for employment in the State of California please note that a new Disclosure and Release of Information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for employment in California, Minnesota or Oklahoma? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, would you like a copy of any Consumer Report prepared for you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are applying for employment outside of California, Minnesota, or Oklahoma would you like a copy of the Consumer Report / Investigative Consumer report mailed to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

First Name \_\_\_\_\_  
Please print

Last Name \_\_\_\_\_  
Please print

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Risk Assessment Group**  
Background Screening & Hiring Solutions

www.riskassessmentgroup.com  
1-866-777-1114