

LYON COUNTY STATE BANK

EMPLOYMENT APPLICATION

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

First Name Middle Name			Last Name	
Physical Address	City	State	Zip Code	
Telephone Number(s)			Social Security Number	
Position Applied for:	Date of	f Application:		
How Did You Learn About Us? Advertisement Employment Agency Relation 				
If you are under 18 years of age, can yo Have you ever filed an application with	h us before? o Yes o No	If Yes, giv	ve date	
Have you ever been employed with us Are you currently employed?	o Yes o No	II Yes, gi	ve date	
May we contact your present employer				
Are you prevented from lawfully become citizenship or immigration status will be required.	• • • •		Immigration Status? Proof of	
On what date would you be available to	o work?			
Are you available to work: o Full Tr	ime o Part Time o Shift W	ork o Temporar	у	
Are you currently or planning on continues schedule:	nuing your education? o Yes	o No If yes, pleas	e explain when and attach a class	
Are you currently on "layoff" status an	nd subject to recall? o Yes o	No		
Can you travel if a job requires it?	o Yes o No			
Have you been convicted or entered in Conviction will not necessarily disqualify an If Yes, please explain		n the last 7 years?	o Yes o No	

Employment History

Start with your present or most recent job. Include self-employment, summer and parttime jobs.

Company I	Address	Telephone		
Dates From To Employed	Starting Leaving Salary	Supervisor		
Your Duties:				
Reason for Leaving:				
2 Company	Address	Telephone		
Dates From To Employed	Starting Leaving Salary	Supervisor		
Your Duties:				
Reason for Leaving:				
3 Company	Address	Telephone		
Dates From To Employed	Starting Leaving Salary	Supervisor		
Your Duties:				
Reason for Leaving:				
4 Company	Address	Telephone		
Dates From To Employed	Starting Leaving Salary	g Supervisor		
Your Duties:				
Reason for Leaving:				

If presently employed, why do you desire to change your position?_____

Education/References

	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 speak, read, and/or write				
	Fluent	Well	Fair	
Speak				
Read				
Write				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.			

REFERENCES: (not former employers or relatives)

Name	Address	Phone Number

Acknowledgement/Authorization

Please read the following acknowledgment/authorization carefully before signing to indicate your understanding:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in a refusal to hire or, if I am hired, discipline up to and including termination.

I understand that if I receive a conditional job offer, I may be requested to undergo a pre-employment medical examination and/or drug and alcohol testing, prior to beginning employment. In the event that I have a disability that will affect my ability to take the test, I will so inform Lyon County State Bank prior to the administration of the test so that a reasonable accommodation can be made. Lyon County State Bank reserves the right to require medical documentation regarding the need for accommodation.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

I authorize Lyon County State Bank or any of its affiliates and subsidiaries to request an investigative consumer report which may include information as to my character, general reputation, police record and mode of living as provided by the Fair Credit Reporting Act of 1970. Should employment be denied as a direct result of the information contained in such investigation I will be advised as to the name and address of the consumer reporting agency supplying the report and may contact such agency for any further information I desire.

I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF I AM HIRED, EITHER LYON COUNTY STATE BANK OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT NOTICE, AND FOR ANY OR NO REASON.

Date	Signature			
For Employer Use	Only			
Interviewed By:		Date:	Hired: o Yes	o No
Starting Date:		Position:	Wage:	

AUTHORIZATION

In processing this employment application, Lyon County State Bank or any of its affiliates and subsidiaries may request that an investigative consumer report be prepared, which may include information as to your character, general reputation, police record, personal characteristics and mode of living as provided by the Fair Credit Reporting Act of 1970. You have the right to request that Lyon County State Bank completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the bank within a reasonable time after you complete this application. Should employment be denied as a direct result of the information contained in such an investigative consumer report, you will be advised as to the name and address of the consumer reporting agency supplying the report and you should contact such agency for any further information you desire.

I authorize and direct Lyon County State Bank to make whatever inquiries it deems necessary or desirable, and to contact Consumer reporting agencies or other persons, and to secure consumer reports or investigate consumer reports in connection with my application for employment. I further authorize and direct any person of the consumer reporting agency to participate in and make such inquiries at the request of such corporation or its affiliates and subsidiaries, and to compile and furnish any information it may have or obtain in response to such inquires.

Applicant's Signature

Date