

Application for Employment

Please type or print clearly. Application for Employment must be completed in full. This company practices equal employment opportunity. We do not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, sexual orientation, gender identity, disability, or status as a disabled or Vietnam era veteran. This form is designed to secure information that is job related; no question in this application form is intended to secure information that will be used for any unlawful or discriminatory purpose. PCSB Bank is an equal opportunity employer.

PERSONAL DATA						
First Name:	M.I Last Name:					
Street Address:						
City:	State:	Zip Code:				
Home Phone: Wor	k Phone:	Cell Phone:				
Email Address:						
Are you a citizen of the U.S. or can you submit verification of your legal right to work in the U.S.?						
GENERAL INFORMATION						
Position Applying For:	Salary Requirements:	Date Available:				
Work Status Desired: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Summer						
If seeking part-time, please list hours available Monday - Saturday:						
Could you travel if required?						
If yes, when?						
Have you ever been employed here or with any of our affiliates? □ Yes □ No						
If yes, when and where?						
Are you related to anyone currently employed by our organization?						
If yes, please list name(s) and relationship(s)						
Referral Source (please check all that apply): PCSB Bank Web Branch Newspaper Ad Walk-In Staffing Agency						
☐ Government Agency (Iowa Workforce Development) ☐ Other ☐ Referred by:						

Section 19 of the FDIA (Federal Deposit Insurance Act) prevents banks and other financial institutions from hiring or employing individuals who have been convicted of, or entered into a pretrial diversion program for, any criminal offense involving dishonesty or breach of trust or money laundering. A conviction does not automatically prevent you from employment.							
					nce and date of occurrence:	□ Yes □ No	
				on.			
EDUCATION							
	Name of School	City/State	# of Years Completed	Did you graduate?	Degree Earned	Major	
High School				☐ Yes ☐ No	☐ Diploma ☐ GED		
College				☐ Yes ☐ No	☐ Associates ☐ Bachelors ☐ Other:		
Graduate School				□ Yes □ No	☐ Masters ☐ Other:		
Other				☐ Yes ☐ No			
WORK HISTORY							
Please list work experience beginning with your most recent job held. Please include at least the past five years, and attach additional sheets if necessary.							
Employer Name:							
Street Addre	ess:						
City:			State:		Zip Code:		
Phone:		Supervisor Name:			May we contact employ	er?	
Employment Dates (mo/yr): From To Status Full-time							
Salary/Hourly Wage: Starting \$ Final \$ Job Title:							
Reason for lo	eaving:						

Employer Name:						
Street Address:						
City:		State:		Zip Code:		
Phone:	Supervisor Name:			May we contact employer?		
Employment Dates (mo/yr): From _	То			Status □ Full-time □ Part-time		
Salary/Hourly Wage: Starting \$	Final \$		Job Title	:		
Summary of duties:						
Reason for leaving:						
Employer Name:						
Street Address:						
				Zip Code:		
Phone:	Supervisor Name:			May we contact employer? ☐ Yes ☐ No		
Employment Dates (mo/yr): From _	То			Status □ Full-time □ Part-time		
Salary/Hourly Wage: Starting \$	Final \$		Job Title	:		
Summary of duties:						
Reason for leaving:						
Employer Name:						
Street Address:						
				Zip Code:		
Phone:	Supervisor Name:			May we contact employer? ☐ Yes ☐ No		
Employment Dates (mo/yr): From _	То			Status □ Full-time □ Part-time		
Salary/Hourly Wage: Starting \$	Final \$		Job Title	:		
Summary of duties:						
Reason for leaving:						

SKILLS

What foreign language(s) do yo	ou spe	ak, re	ad and	d/or w	vrite?			
Language:							☐ Speak	□ Read	☐ Write
Language:							☐ Speak	□ Read	☐ Write
Language:							☐ Speak	☐ Read	☐ Write
Computer software skills	(chec	k all t	hat ap	ply an	ıd sele	ect proficiency 1 =	= Novice/Begin	nner, 5 = Advance	d/Expert)
☐ MS Word	1	2	3	4	(5)				
☐ MS Excel	1	2	3	4	(5)				
☐ MS Outlook	1	2	3	4	(5)				
☐ Internet	1	2	3	4	(5)				
□ Other	1	2	3	4	(5)	List software: _			
				PR	OFI	ESSIONAL I	REFEREN	CES	
Please provide at least tw	o busi	ness c	or prof	fession	nal ref	erences.			
Name:							Tit	le:	
Company Name and Ado	dress: _								
Phone:				E	mail:				
Name:							Tit	·le:	
Company Name and Ado	dress: _								
Phone:				E	mail:				
Name:							Tit	le:	
Company Name and Ado	dress: _								

Phone: _____ Email: ____

SIGNATURE AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts is cause for disqualification from further consideration for hire or for dismissal.

I authorize the references listed in this Application, including personal and employment references, to provide you with all information pertinent to this Application and I release all parties from liability for any damages that may result from the release of any information as a part of the employment verification process. In consideration for the Company's review of this application, I authorize investigation of all statements contained in this application. My cooperation includes authorizing the Company to conduct, when requested, a preemployment drug screen, and a criminal or credit history investigation. Additionally I authorize the Company, in consideration for the Company's review of this application, to supply employment records, in whole or in part, and in confidence, to any government agency, or other party, with a legal or proper interest.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Company unless made in writing. Further, I understand that Iowa is an employment-at-will state, as such, my employment may be ended by either me or my employer at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, and that, if employed, my employment is at will and that I have the right to terminate my employment at any time for any reason and that the Company retains the same right.

I understand and agree that upon the event of employment, I will be expected to be candid and cooperate fully with any and all investigative efforts undertaken by the Company to resolve any customer or monetary transactions.

I understand and agree that in accordance with Federal Law, I must provide proof of identity and proof of eligibility to work in this country upon the event of employment.

In the absence of my handwritten signature, I understand that my typewritten name and acknowledgement of the terms of this application, serves as a written signature for the purposes of this application.

☐ I acknowledge that I have read and agree to the conditions of the signature agreement.							
Signature:	Date:						