



EMPLOYMENT APPLICATION

Please answer each question completely and accurately.

PERSONAL & EMPLOYMENT DATA

				DATE				
NAME				HOME PHONE		BUS. PHONE		
ADDRESS			CITY		STATE	ZIP CODE		
Are you over 18 yrs. of age?		YES	NO	Do you have a legal right to permanently live and work in the U.S.?			YES	NO
POSITION OR TYPE OF WORK DESIRED			Regular Temporary	Full Time Part Time		DATE AVAILABLE	SALARY DESIRED \$	
How Were You Referred To Us?	Newspaper Agency	School Bank Employee	On your own Other		NAME(S) OF REFERRAL SOURCE(S) CHECKED			

EDUCATIONAL & PROFESSIONAL HISTORY

HIGH SCHOOL		GRADUATED YES/NO*	GRADE/HOURS COMPLETED	
	NAME :			
	CITY : STATE :			
*If you did not graduate, do you have a high school equivalency diploma or certificate? YES NO DEGREE / CURRICULUM				
COLLEGES AND UNIVERSITIES	NAME :			
	CITY : STATE :			
	NAME :			
	CITY : STATE :			
OTHER TRAINING	NAME :			
	CITY : STATE :			
	NAME :			
	CITY : STATE :			
PROFESSIONAL LICENSES AND CERTIFICATIONS		AFFILIATIONS WITH PROFESSIONAL ORGANIZATIONS		
SKILLS AND ABILITIES	Personal Computer Skills / Software			

REFERENCES

List three people other than relatives who know of your qualifications for the position(s) for which you are applying.

PROFESSIONAL/BUSINESS	ADDRESS	PHONE NO.	PROFESSIONAL RELATIONSHIP	YEARS KNOWN
	City State Zip			

LOCATION PREFERENCES

First
Second
Third

EMPLOYMENT HISTORY

NOTE: IF YOU DO NOT WANT YOUR CURRENT EMPLOYER CONTACTED, PLEASE CHECK HERE.

List current or most recent employment first and continue in that sequence.

FIRM NAME	JOB TITLE	STARTING DATE MO. YR.	ENDING DATE MO. YR.
ADDRESS		START SALARY	END SALARY
CITY	STATE	ZIP CODE	TELEPHONE NO.
SUPERVISOR'S NAME		REASON FOR LEAVING	
DUTIES			
FIRM NAME	JOB TITLE	STARTING DATE MO. YR.	ENDING DATE MO. YR.
ADDRESS		START SALARY	END SALARY
CITY	STATE	ZIP CODE	TELEPHONE NO.
SUPERVISOR'S NAME		REASON FOR LEAVING	
DUTIES			
FIRM NAME	JOB TITLE	STARTING DATE MO. YR.	ENDING DATE MO. YR.
ADDRESS		START SALARY	END SALARY
CITY	STATE	ZIP CODE	TELEPHONE NO.
SUPERVISOR'S NAME		REASON FOR LEAVING	
DUTIES			

BACKGROUND INFORMATION

Your answers to the following questions will not eliminate you from consideration for employment, with the exception of, a conviction of a felony or a conviction which involves dishonesty or breach of trust. The Farm Credit Act prohibits such person(s) being employed with Farm Credit Institutions.

Do you hold an elective or appointive Federal, State or Local Government office? If yes, give name of office.	Yes	No
Are you an Officer or Director of any bank or other lending organization? If yes, give name and location of the organization.	Yes	No
Are you or any member of your family a borrower of any organization under the supervision of the Farm Credit Administration? Yes No If yes, explain.		
Have you ever been convicted, or named in a pending proceeding, which is a felony or involves dishonesty or breach of trust? Yes No If yes, explain.		
Are there any unsatisfied judgements of record against you?	Yes	No If yes, explain.
Did you serve in any branch of the U.S. Armed Forces?	Yes	No If yes, which branch?
Do you have any relative(s) employed by Farm Credit Services or Farm Credit Administration? If yes, give name and location of facility.	Yes	No

WRITTEN SUMMARY

Please describe why you feel you are qualified for the type of work for which you are applying.

I understand that if I am selected for employment, such employment will be for an indefinite period and may be terminated at any time by either party in accordance with the rules and regulations governing terminations "at will". I certify that the forgoing answers are correct to the best of my knowledge and belief.

SIGNATURE * _____ DATE _____

EQUAL OPPORTUNITY EMPLOYER

You have my permission to obtain information pertaining to my character, integrity, dependability and ability from the references and employers who are listed above and those employers are hereby authorized to release information.

SIGNATURE* _____ DATE _____