



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 :				
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			
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			
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			
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 _____



Affirmative Action: Voluntary Self Identification Form

Premier Farm Credit, ACA is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Thank you for your cooperation.

Section 1: General Applicant Information

Name:	Date:
Position applied for:	

Section 2: Please check all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Service Medal Veterans

I do not wish to Self-Identify

Signature:

How did you hear of our opening? Current Employee, Newspaper Ad, Other - Explain Below:

<i>For Human Resources Use Only:</i>	<i>Date Received:</i>	<i>Job Group</i>

EEOC RACE / ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) -All persons who identify with more than one of the above five races.

Veteran of the Vietnam-Era - Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Special Disabled Veteran - Means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

Other Protected Veteran - Includes any veteran who served on active duty in the U.S. military, ground, navel or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Recently Separated Veteran - Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran - Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.