



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 :				
	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	CITY	ADDRESS	State	Zip	PHONE NO.	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

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	ENDING DATE
		MO. YR.	MO. YR.
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NO.
SUPERVISOR'S NAME		REASON FOR LEAVING	
DUTIES			

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

FIRM NAME	JOB TITLE	STARTING DATE	ENDING DATE
		MO. YR.	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 veteran and disability status. In extending this invitation, be advised that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they so choose; (b) responses will remain confidential; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. Refusing to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Section 1: General Applicant Information

Name:	
Position Applied For	
How did you learn about the job opening?	

Date:	
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Section 2: Veteran Status (See page 2 for definitions)

<input type="checkbox"/> Active-Duty Wartime or Campaign Badge Veteran	<input type="checkbox"/> Armed Forces Service Medal Veterans
<input type="checkbox"/> Recently Separated Veteran	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> I am a protected veteran, but I choose not to identify	<input type="checkbox"/> I am not a protected veteran

Section 3: Disability

The law requires us to provide equal employment opportunities to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. Your decision to complete the form and your answer will not harm you in any way.

How do you know if you have a disability? You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ☐ Yes, I have a disability (or previously had a disability)
- ☐ No, I don't have a disability
- ☐ I don't wish to answer

Signature

Date

PROTECTED VETERAN CATEGORIES

Active Duty Wartime or Campaign Badge Veteran - A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran - any veteran who, while serving on active duty in the U.S. military, ground naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61FR 1209, 3 CFR, 1996 Comp., p. 159).

Disabled Veteran - (1) 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 Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service connected disability.

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