



Leavenworth—100 S. Fourth Street 913-682-3491
 Lansing—633 S. Main Street 913-250-0044
 Tonganoxie—403 E. Fourth 913-845-2556
 Bonner Springs—229 Oak 913-441-5555
 Oskaloosa—515 Delaware 785-863-2205
 Eudora—801 Main 785-542-2123

Date: _____

Mutual Savings Association

APPLICATION FOR EMPLOYMENT

We are pleased that you are interested in applying for a position with Mutual Savings. This institution does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry; or on the basis of age against persons 40 and over; or on the basis of disability against qualified individuals with disabilities as defined by the Americans with Disabilities Act. No question on this form is intended to secure information to be used for such discrimination.

We will give this application every consideration. However, in accepting it, Mutual Savings makes no commitment of employment to the applicant.

PERSONAL INFORMATION:

Please print in ink

Name _____ Social Security Number ____ / ____ / ____
 Last First Middle

Address _____
 Street City State Zip

Day Time Phone # _____

Position Applied For _____ Branch Location _____

- Full Time
- Part Time

Salary Requirement _____
 Date Available _____

Email Address _____

How were you referred to us? _____

Do you have any friends or relatives working here? If yes, please name and indicate their relationship

To verify past employment or school attended, please indicate if you have been known by a different name.

EDUCATION:

NAME	CITY & STATE	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	DEGREE
High School/Preparatory		1 2 3 4	Yes No	
Business School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Graduate Work		1 2 3 4	Yes No	
Other (Describe)		1 2 3 4	Yes No	

If you did not graduate, why did you leave school or college? _____

Are you planning to pursue further studies? Yes _____ No _____ Day School _____ Night School _____

If so, when, where and what courses? _____

EMPLOYMENT HISTORY:

Start with your present or most recent job. List self-employment, summer and part-time jobs. Include employers located in the United States only. If you need more space, continue on a separate sheet of paper.

1 Company		Address		Telephone	
Date Employed	From	To	Starting Salary:	Leaving Salary:	Supervisor
Your Duties					
Reason for Leaving					
2 Company		Address		Telephone	
Date Employed	From	To	Starting Salary:	Leaving Salary:	Supervisor
Your Duties					
Reason for Leaving					
3 Company		Address		Telephone	
Date Employed	From	To	Starting Salary:	Leaving Salary:	Supervisor
Your Duties					
Reason for Leaving					
4 Company		Address		Telephone	
Date Employed	From	To	Starting Salary:	Leaving Salary:	Supervisor
Your Duties					
Reason for Leaving					

May we contact the above employers for reference checking purposes? _____
 Please identify by number any employer you do not wish us to contact. _____

INTERESTS:

Describe your interest in the financial industry and the skills and aptitudes that you feel qualify you for a position at Mutual Savings. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills.) If you need more space, please continue on a separate sheet.

COMPUTER SOFTWARE AND PROGRAMS:

REFERENCES:

Please list the names and addresses of two personal references, excluding relatives and former employers.

CONVICTIONS:

Have you ever been convicted of any crime involving dishonesty, breach of trust or theft? If so, please explain, (A conviction itself does not constitute an automatic bar to employment, and will be considered only insofar as it relates to fitness to perform the job in question.)

CERTIFICATION AND ASSENT:

I hereby certify that the statements I have made are true, and, if I am subsequently employed by Mutual Savings, that I may be subject to discharge if they are found to be false. I agree to a physical examination by a doctor of Mutual Savings choice. I also understand that employment and continued employment may be conditional upon securing and retaining a surety bond, issued by a company selected by Mutual Savings.

I hereby acknowledge that I have read the above statement and understand the same.

Applicant's Signature

Date

INTERVIEWER COMMENTS:

INVESTIGATIVE CONSUMER REPORT:

In connection with my application for employment, I hereby consent to Mutual Savings procuring or causing to be procured an "Investigative Consumer Report" which will be compiled from personal interviews with my neighbors, friends, associates, or others as to my character, general reputation, personal characteristics, or mode of living. I am aware that I have the right to make a written request within a reasonable time to receive a complete and accurate disclosure of the nature and scope of the investigation.

Mutual Savings may obtain a credit report from a consumer reporting agency. If we request such a report you will be notified within three (3) days of the request. If you are denied employment on the basis of information in the consumer credit report, you will be given the name and address of the consumer reporting agency making the report. However, if employment is denied because of information from a source other than a consumer reporting agency, no disclosures will be made.

By your signature below, you consent to Mutual Savings obtaining a consumer credit report from a credit agency for use in evaluating your application for employment.

I hereby acknowledge that I have read and understand the above agreement.

Applicant's Signature _____ Date _____

BACKGROUND INVESTIGATION CONSENT:

I, _____, hereby authorize Mutual Savings, and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Mutual Savings.

I release Mutual Savings and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant/Employee Name and Signature _____ Date of Birth _____ Social Security Number _____ Date _____

Note: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Mutual Savings is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

CA, MN & OK residents please note: In connection with your application for employment, your credit report will be obtained and reviewed. Under CA & MN law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. Under OK law, you have the right to receive a free copy of your consumer report.

- ___ YES, I am a California resident and would like a free copy of my credit report; or
- ___ YES, I am a California resident and would like a free copy of my investigative consumer report
- ___ YES, I am a Minnesota resident and would like a free copy of my consumer report.
- ___ YES, I am a Oklahoma resident and would like a free copy of my consumer report.

Printed Name _____
Street Address _____
City, State, Zip _____

Employer please note: if the consumer checks "Yes" regarding the consumer report, or if a CA consumer checks "Yes" regarding the credit report (and you do request a credit report, please fax this form to your ChoicePoint service center. If consumer checks "Yes" regarding the full consumer report, and consumer resides in CA, you will need to provide the individual with a copy of their consumer report.

Account Number : _____