

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last
First
Middle

Address: _____
Street
(Apt)
City/State
Zip

Alternate Address: _____
Street
City/State
Zip

Contact Information: _____
()
()
Email
Home Telephone
Mobile Telephone

How did you learn about our company?

POSITION SOUGHT: _____ **Available Start Date:** _____

Desired Pay Range: _____ **Are you currently employed?** _____
Hourly or Salary

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

REFERENCES

Name	Address	Phone Number	Years Acquainted

Equal Opportunity is Capital Bank's policy.

It is our policy to select the best-qualified person for each position in the organization. No employee of the company will discriminate against an applicant for employment or a fellow employee because of race, creed, color, religion, sex, national origin, ancestry, age, marital status, affectional or sexual orientation, sexual identity or expression, domestic partnership status, civil union status, atypical heredity, cellular or blood trait, genetic information, disability (including AIDS or HIV infection), liability for service in the United States armed forces, gender identity or expression, and/or any other characteristic protected by law.

"I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered."

Date: _____ Signature: _____

DISCLOSURE/RELEASE/AUTHORIZATION FORM

1. By this document Capital Bank of New Jersey discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check should we be preparing to make you an offer and at any time during your employment or affiliation.

2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.

3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation at any time during my employment period or after the conclusion of a first interview. I also understand you may make use of the internet including social networking sites.

I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and it's agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

My signature below also indicates that I have received a Summary of rights in accordance with the Fair Credit Reporting Act.

Applicant's Signature _____

Print Name _____

Date _____ Other Names Used _____

Social Security Number _____ / _____ / _____ Date of Birth _____

Driver's License # _____ State _____

Current Address _____ City/Town _____

Zip Code _____ Previous address _____

City/Town _____ State _____ Zip _____