



Human Resources Department
11965 St. Charles Rock Road
Bridgeton, MO 63044
(314) 298-3200
FAX (314) 298-1479

EMPLOYMENT APPLICATION

Please complete all questions for employment consideration. The application will remain active for 90 days.
Reapplication is necessary after that time.

Name _____ Social Security Number _____
Present Address _____ City, State, Zip _____
Home Phone _____ Cell Phone _____
How did you hear of us? _____ If employee referral, please provide employee name _____
Type of work applied for _____ Full-Time Part-Time
Days Available _____ Hours Available _____
Date Available for Work _____ Location(s) _____
Describe why you are qualified for this position _____
Salary Required \$ _____ Are you 18 years of age or older? Yes No

Have you been employed by us before? Yes No If yes, when? _____
Have you applied for employment with us previously? Yes No Date and Determination _____
Do you have relatives employed by our company? Yes No If yes, name and relationship _____
Would you be engaged in any other business while in our employment? Yes No If yes, in what capacity? _____

Are you a U.S. citizen, or can you demonstrate eligibility to work in the United States? Yes No
Have you ever been convicted, pleaded guilty, or pleaded "No Contest" to any crime, felony, or misdemeanor? Yes No
If yes, please explain: _____
Have you ever been discharged or asked to resign by a former employer? Yes No
If yes, please explain: _____
Have you ever been disciplined for tardiness or absenteeism by a former employer? Yes No
If yes, please explain: _____

To the best of your knowledge, would you be able to perform all the essential functions of this position with or without reasonable accommodation? Yes No If no, which functions? _____

HISTORY OF EMPLOYMENT

Please list your complete employment record (including temporary, regular, and part-time) in date order.
List the most recent first. Include military service if applicable. Attach additional sheet if necessary.

MOST RECENT EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Address _____

Supervisor's Name and Title _____

Starting Position _____ Ending Position _____

From _____ To _____ Beginning Salary _____ Ending Salary _____

Brief Job Description _____

Reason for Leaving _____

EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Address _____

Supervisor's Name and Title _____

Starting Position _____ Ending Position _____

From _____ To _____ Beginning Salary _____ Ending Salary _____

Brief Job Description _____

Reason for Leaving _____

EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Complete Address _____

Supervisor's Name and Title _____

Starting Position _____ Ending Position _____

From _____ To _____ Beginning Salary _____ Ending Salary _____

Brief Job Description _____

Reason for Leaving _____

If you were employed under a different name in any of these positions, please give name and applicable company:

Account for any periods of two weeks or more in which you have been without work in the last five years:

| From | To | Reason |
|------|----|--------|
| | | |
| | | |

EDUCATIONAL BACKGROUND

| School Name/Address | Attendance Dates | Graduation Date | Diploma/Degree | Major/Subjects | Grade Point Average/Honors |
|---------------------------|------------------|-----------------|----------------|----------------|----------------------------|
| <i>High School</i> | N/A | N/A | | | |
| <i>Business/Trade</i> | | | | | |
| <i>College/University</i> | | | | | |

INDICATE TRAINING/EXPERIENCE IN THE FOLLOWING:

10-Key: Sight Touch

Word Processing Software(s): _____

Primary Use of Word Processing: _____

Keystrokes: Typing _____ WPM

 Data Entry _____ KSPM

 Other Equipment: _____

Other Skills or Qualifications: _____

ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT

Please read carefully before signing.

It is understood that this application is not an obligation to provide employment.

I hereby authorize St. Johns Bank & Trust or its subsidiaries to investigate all references and former employment, and I release from liability those supplying such information. Upon offer of employment, I agree to take a drug test at the Company's request and expense, and realize that continued employment may be conditioned upon the findings.

I understand that in connection with this employment application, I may be asked to sign a Notification and Authorization for Procurement of Consumer Report authorizing St. Johns Bank & Trust or its subsidiaries to obtain a consumer report and/or investigative consumer report on me from a consumer reporting agency in accordance with the Consumer Credit Reporting Reform Act of 1996. I understand that such a report may contain information regarding my credit worthiness, criminal conviction history, driving record history, character, general reputation, and personal characteristics from public record sources and/or from interviews with former employers, references, and others.

I will provide proof of my eligibility to work as required by The Immigration Reform and Control Act of 1986.

I understand the Company can make no guarantee as to the number of hours that I may be assigned from week to week, and any reduction in hours can affect my compensation and benefits. I also understand that I may be required to change days off and scheduled hours on a temporary or regular basis in order to continue my employment. Also, I understand the Company reserves the right to transfer me, as business necessitates, and my continued employment may be predicated upon my acceptance of said transfer. I understand that evenings and weekends may be part of any scheduled I may be assigned.

I understand that if I am employed, my employment is for an indefinite period and, as such, I am an employee at will subject to termination at any time with or without notice.

I state that the information on this application is true and complete. False statements, misrepresentations, or omissions may be cause for cancellation of an employment offer or termination if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Start Date _____ Full-Time Part-Time

Location _____

Exempt Rate of Pay _____ / Semi-Monthly

OR Non-Exempt Rate of Pay _____ / Hour

Managerial Approval _____

AN EQUAL OPPORTUNITY EMPLOYER