



ATTN: Human Resources
Post Office Box 120
Queenstown, MD 21658

TEL 410-827-8881
FAX 410-827-4343
HR@queenstownbank.com

Application for Employment

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

QUEENSTOWN BANK OF MARYLAND is an Affirmative Action/Equal Opportunity Employer. Qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or veteran status.

Please answer every question. Please write legibly or print.

PERSONAL

Last First Name Middle Initial Date

Present Address City State Zip Code

Phone Number Cell Phone E-Mail Address

Have you applied for work with us before? Yes No Date: _____

Have you ever worked for us? Yes No When and in what capacity? _____

Was it under a different name? Yes No If yes, in what name? _____

Position or type of work for which you are applying: _____ Full Time Part Time

If requesting part time, specify daytime or evening hours when you would be available: _____

Location Preference: _____ Date Available: _____

Are you able to perform the essential functions of the position you are applying for? Explain. _____

How were you referred to us?

- Advertisement Employment Agency Other: _____
- Self-Initiated School
- State Employment Agency Employee Referral: _____

In order to be employed by the Bank, you must be legally eligible for employment under Department of Justice regulations. Proof of eligibility will be required upon employment. Can you meet this requirement? Yes No

Do you have a relative working for us? If yes, give the employee's name and relationship: _____

EMPLOYMENT

Present position title: _____ Dates of employment: _____

Name of employer: _____

Employer address: _____ Phone: (_____)
Street City State Zip Code

Name and title of immediate supervisor: _____

May we contact at this time? Yes No

Description of responsibilities (include number of people supervised): _____

Why would you consider leaving? _____

Position title: _____ Dates of employment: _____

Name of employer: _____

Employer address: _____ Phone: (_____)
Street City State Zip Code

Name and title of immediate supervisor: _____

May we contact at this time? Yes No

Description of responsibilities (include number of people supervised): _____

Why would you consider leaving? _____

Position title: _____ Dates of employment: _____

Name of employer: _____

Employer address: _____ Phone: (_____)
Street City State Zip Code

Name and title of immediate supervisor: _____

May we contact at this time? Yes No

Description of responsibilities (include number of people supervised): _____

Why would you consider leaving? _____

Did you work for any of the above employers under a different name? Yes No

If yes, what name? _____ Which employers are affected? _____

Briefly summarize activities and supply dates for periods of time not accounted for above: _____

SPECIFIC SKILLS Check skills you have or equipment you can operate:

- | | | | |
|--|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Calculator | <input type="checkbox"/> Counting Currency | |
| <input type="checkbox"/> Teller Terminal | <input type="checkbox"/> Telephone | <input type="checkbox"/> Filing | |
| | <input type="checkbox"/> Copier | <input type="checkbox"/> Business Math | |
| Computer Software: | | <input type="checkbox"/> Accounting | |
| <input type="checkbox"/> Outlook | <input type="checkbox"/> Word | <input type="checkbox"/> Excel | <input type="checkbox"/> QuickBooks |

If the position you are applying for requires driving, do you have a valid driver's license? Yes No

EDUCATION

Name	Location (City, State)	Major course or subject	Circle last year completed	If graduated, month, year & type of degree	Credit hours completed
High School or Preparatory			1 2 3 4		
Business School/Vo-Tech/Other			1 2 3 4		
College			1 2 3 4		
Graduate Work			1 2 3 4		

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

What courses are you planning on taking? _____

CAREER OBJECTIVES Please enter your career objectives: _____

AFFILIATIONS/MEMBERSHIPS/ETC. List professional organizations, memberships, and activities excluding any which indicate the race, religion, sex or national origin of their members: _____

REFERENCES List three professional references whom you have known for at least one year.

NAME	ADDRESS	PHONE NUMBER (if known)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ BEFORE SIGNING

I hereby certify that information on this application is accurate and complete to the best of my knowledge, and subject to verification by **QUEENSTOWN BANK OF MARYLAND**. I understand that in the event of my subsequent employment:

- I will be required to complete this application and other employment forms and documents and that any omission or misrepresentation of facts called for may be cause for immediate dismissal,
- I may be required to submit to a physical exam as a condition of continued employment.

I understand that this application will remain in **QUEENSTOWN BANK OF MARYLAND**'s active files no longer than 180 days, after which time I must re-apply to be considered for further openings.

I understand that this application and other matters connected with my application do not constitute a contract, express or implied, with the Bank, and that any employment with the Bank is at will, and may be terminated at any time, with or without notice, and with or without cause.

SIGNATURE

DATE

INVESTIGATIVE REPORTS

I understand that in examining my qualifications, it may be necessary to verify details of my employment and personal history. Investigative reports may be obtained by **QUEENSTOWN BANK OF MARYLAND** for evaluation. These reports may include information concerning my work history and financial responsibility.

I further understand that I have the right to make a request of the Bank, in writing, to learn the complete nature and scope of such investigative reports, if they are obtained.

I authorize current and previous employers to release all information regarding my employment records and employment history with them.

I certify that I have received and read a copy of this statement and hereby authorize **QUEENSTOWN BANK OF MARYLAND** to obtain reports as described above.

SIGNATURE

DATE

PLEASE READ AND SIGN THE FOLLOWING STATEMENTS, REQUIRED BY LAW:

Lie Detector Tests

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TO TAKE A POLYGRAPH LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

SIGNATURE

DATE
