



Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT) **General Information**

Position Applied For				Date of Application	
Last Name		First Name		Middle Name	
Address:	Number	Street	City	State	Zip Code
Telephone Number (S)				Social Security Number	

Have you applied for employment with us before? Yes ___ No ___
 Do you have the legal right to work in the United States? Yes ___ No ___
 Are you currently employed? Yes ___ No ___
 May we contact your present employer? Yes ___ No ___
 On what date would you be available for work? _____
 Available for work: Full Time___ Part Time___ If part time, what hours? _____
 Are you a licensed Real Estate Agent? (You may be required to put your license in an inactive status if employed) Yes ___ No ___
 In the last 5 years have you been convicted of, charged with, pled guilty or pled no contest for a crime? Yes ___ No ___
 Do you currently have charges pending? Yes ___ No ___
 Are you currently on probation? Yes ___ No ___
 Have you ever been sued? Yes ___ No ___
 Conviction will **NOT** necessarily be a bar to employment; each instance and explanation will be considered in relation to the position for which you are applying.

Education

High School (Name and Location)	Years Completed: 9 10 11 12
	Describe Course of Study
College (Name and Location)	Years Completed: 1 2 3 4
	Describe Course of Study
	Degree:
Graduate/professional (Name and Location)	Years Completed: 1 2 3 4
	Describe Course of Study
	Degree:

We Are An Equal Employment Opportunity Employer

Employment Experience *(List Your Most Recent Employment First)*

Employer		Date of Hire	Ending Date	Work Performed
Address				
Telephone Number(S)		Hourly Rate/Salary		
Job Title	Supervisor	Starting Wage	Ending Wage	
Reason For Leaving				
				May we contact your employer? Yes ___ No ___

Employer		Date of Hire	Ending Date	Work Performed
Address				
Telephone Number(S)		Hourly Rate/Salary		
Job Title	Supervisor	Starting Wage	Ending Wage	
Reason For Leaving				
				May we contact your employer? Yes ___ No ___

Employer		Date of Hire	Ending Date	Work Performed
Address				
Telephone Number(S)		Hourly Rate/Salary		
Job Title	Supervisor	Starting Wage	Ending Wage	
Reason For Leaving				
				May we contact your employer? Yes ___ No ___

Employer		Date of Hire	Ending Date	Work Performed
Address				
Telephone Number(S)		Hourly Rate/Salary		
Job Title	Supervisor	Starting Wage	Ending Wage	
Reason For Leaving				
				May we contact your employer? Yes ___ No ___

Additional Information/Training

(Include any professional, trade, business or civic activities and offices held.)

State any additional information/training you feel may be helpful to us in considering your application:

References

Please list three references who are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify that answers given herein are true and complete to the best of my knowledge.
I agree that if employed and it is found to be false in any way, that I may be subject to termination without notice.

Applicant's Signature

Date

*THIS PAGE SHOULD BE COMPLETED ONLY IF APPLICANT IS CALLED FOR AN INTERVIEW

Pre-Employment Inquiry Release

In connection with, and for the duration of my employment (Including contract for services) with BNCCORP, Inc., I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain record concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in files of insurance companies.

I authorize, without reservations, any party or agency contacted by this employer to furnish the above-mentioned information. A photocopy or facsimile shall be deemed as original.

Print Full Name _____

Soc. Sec. No. ____/____/____ Date of Birth * ____/____/____

Current Address _____

City/State/Zip _____

Driver's License No. _____ State _____

Applicants Signature _____ Date _____

Witness _____ Date _____

***Date of Birth is being requested in order to obtain accurate retrieval of records.**