

APPLICATION FOR EMPLOYMENT

Return fully completed application to: wgnehm@efirstfederal.com

Call Wendy Gnehm at 307-674-0464 with any questions.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

Position(s) Applied For:				_ Date		
State/Location of Position:	Wyoming	Montana	l			
How Did You Learn About Us	?					
Advertisement	Relative/Friend	t	FFB&T Staff	Please include the name of the	e staff member who referred	l vou.
Employment Agency	Inquiry					
PERSONAL INFORMA	TION					
Name				Mobile Phone _		
Address						
City				State/Zip		
Home Phone				E-mail		
May we contact you at Work?				_Work Phone		
GENERAL INFORMAT	ION					
Type of employment desired:	Full Time	Part-tim	ne Sea	sonal		
On what date would you be a	vailable to work?	?				
Do you need an accommoda	tion to participate					
Do you have any relatives em	nployed by our co	ompany? `	Yes No	If yes, name of re	lative	
Are you legally eligible for em	ployment in the	United Sta	ates? Yes	No		
During the last seven years,	have you ever be	en convid	cted of a felon	y?lf yes, please exp	olain: Yes N	No

FIRST FEDERAL BANK & TRUST IS AN EQUAL OPPORTUNITY EMPLOYER.
WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN,
MARITAL STATUS, MILITARY STATUS, OR DISABILITY.

AN EQUAL OPPORTUNITY EMPLOYER M/F/Disabled/Veteran

^{*}A "yes" answer will not automatically disqualify you from employment. Rather, such factors as age, date of conviction, seriousness and nature of the crime as it relates to specific occupational categories and rehabilitation will be considered.

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	PROVIDE LAST GRADE/YEAR COMPLETED	MAJOR/DEGREE & YEAR COMPLETED		
High School						
College						
College						
College						
Business or Trade School						
Business or Trade School						
ADDITIONAL IN	FORMATION					
		any training, skills, and areas of functions in the position for whi	•	terest that may qualify		
	,	·	,, .			
	_	ic, Somewhat Proficient, Very				
Microsoft Word						
1 Nov Calculator			Email			
		that requires it)				
zasii i iailulliig (ii app	nying for a position	triat requires it/				
Professional Licens	es and/or Certific	ations.				

AN EQUAL OPPORTUNITY EMPLOYER M/F/Disabled/Veteran

Type:______ State Issued:_____ Date Issued:_____ No.:____

EMPLOYMENT HISTORY

Please fill this section out completely and do not COMPANY Name	write, "see resu Address	ume." Begin with your m	ost recent employment.
Job Description (title, duties, skills, equipment used)			
Dates of employment: Start/ End			_ Ending Salary
Reason for leaving Person to Contact			
COMPANY Name	Address		
Job Description (title, duties, skills, equipment used)			
Dates of employment: Start/ End			_ Ending Salary
Reason for leaving Person to Contact			
COMPANY Name	Address		
COMPANY Name Job Description (title, duties, skills, equipment used)	Address		
	Address		
Job Description (title, duties, skills, equipment used) Dates of employment: Start/ End			_ Ending Salary
Job Description (title, duties, skills, equipment used)			
Job Description (title, duties, skills, equipment used) Dates of employment: Start/ End Reason for leaving			
Job Description (title, duties, skills, equipment used) Dates of employment: Start/ End Reason for leaving Person to Contact			
Job Description (title, duties, skills, equipment used) Dates of employment: Start/ End Reason for leaving Person to Contact COMPANY Name			
Job Description (title, duties, skills, equipment used) Dates of employment: Start/ End Reason for leaving Person to Contact COMPANY Name	/ /	_Phone Number	

If you need additional space, please continue on a separate sheet of paper.

If you do not want us to contact any of the above listed current or former employers, please list below and state the reason you do not want each contacted.				
REFERENCES				
Professional References:	Give up to three references who are not relatives or former employers.			
Name	Address/ Phone Number			
APPLICANT STATEM	ENT			
is true, complete and corre incomplete or misrepresent	have provided in order to apply for and secure work with FIRST FEDERAL BANK & TRUST at to the best of my knowledge. If any information provided by me is found to be false, and in any respect, it will be sufficient cause to cancel further consideration of this application, a from FIRST FEDERAL BANK & TRUST service, whenever it is discovered.			
information from all referen otherwise verify the accura any and all rights and claim	FEDERAL BANK & TRUST and its agents, without reservation, to contact and obtain ces, employers, public agencies, licensing authorities, and educational institutions and to cy of all information regarding me in this application, resume or job interview. I hereby waive is I may have regarding FIRST FEDERAL BANK & TRUST or its agents for seeking, gathering in the employment process and all other persons, corporations or organizations for furnishing			
	DERAL BANK & TRUST does not unlawfully discriminate in employment, and no question on the purpose of limiting or excusing any applicant from consideration for employment on a basis al, state or federal law.			
except as may be required specified period or definite make any assurances to the	nat I am free to resign at any time, with or without cause and with or without prior notice, by law. This application does not constitute an agreement or contract for employment for any duration. I understand that no supervisor or representative of the employer is authorized to e contrary and that no implied oral or written agreements contrary to the foregoing express ney are in writing and signed by the employer's president.			
I understand that completion has employed me.	n of this Application for Employment does not guarantee that FIRST FEDERAL BANK & TRUST			
I certify that I have read, fu	y understand and accept all terms of the foregoing Application Statement.			
Date: / /	Signature			

AN EQUAL OPPORTUNITY EMPLOYER M/F/Disabled/Veteran