



# Employment Application

4222 Cox Road, Suite 200, Glen Allen, VA 23060  
Telephone: (804) 273-1160 • Fax: (804) 527-0195

An Equal Opportunity Employer

First Capital Bank does not discriminate in employment on the basis of race, age, color, religion, national origin, gender, disability, or veteran status. No question on this application is intended to secure information to be used for such discrimination.

Date: (Mo./Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

## Personal Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Last) (First) (M.I.)

Present Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Previous Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

## Employment Information

Position \_\_\_\_\_ Salary Expected \_\_\_\_\_  
Desired \_\_\_\_\_ \$

Full-Time  Part-Time  Temporary If temporary, how long? \_\_\_\_\_

What days are you available to work? \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you over the age of 18?  YES  NO Are you legally eligible to work in the U.S.?  YES  NO

If you have previously worked for the company give dates, location and your name if different from above: \_\_\_\_\_

Do you have a relative employed at, or on the Board of Directors of First Capital Bank?  YES  NO  
If yes, give name and relationship: \_\_\_\_\_

Have you ever been found guilty of a criminal offense involving dishonesty or breach of trust, (including but not limited to kiting, money laundering, embezzlement, forgery, shoplifting, perjury, tax evasion, etc.)?  YES  NO

If applying for a position which requires operating a Motor vehicle, list all traffic convictions: \_\_\_\_\_

Do you have a valid driver's license?  YES  NO

Has a surety company ever refused to bond you?  YES  NO If yes, give dates and company: \_\_\_\_\_

## Education

School Name and Location	No. Years Attended	Did you graduate? Yes/No	GPA	Specify Degree and Major
High School				
Trade or Business School				
College/University				
College/University				

List of scholarships, academic honors, awards, memberships and elected offices held in extra-curricular school or professional activities. Please list other courses or training. (Exclude those indicating race, religion, age, color, sex, national origin, disability or veteran status.)

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## Special Skills

Please describe special skills/experience (Computer Systems, Proof Equipment, Keyboarding Speed, Software Familiarity, Other)

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Is there anything else about yourself or your qualifications that you would like to add to this application? (Special accomplishments, licenses, awards, etc.)

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## Employment History

\*Complete all areas even if resume is attached

\*Begin with most recent employment. Include work while in school and periods of unemployment

Company

Address/City/State/Zip

Type of Business

Employed (month/year)  
From To

Full-Time  
 Part-time – hrs per week \_\_\_\_\_

Monthly  Weekly  Hourly salary or wage  
Beginning \$ Ending \$

Position(s) held

If you worked under a different last name, indicate name used.

Supervisor's Name/position

Company phone number  
( )

May we contact?  
 Yes  No

Describe your duties

Reason for leaving

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( )

May we contact?  
 Yes  No

Describe your duties

Reason for leaving

## Attendance

Work schedules are created to meet business needs. Consequently, business needs may occasionally result in changes to established work schedules. Overtime may be required as needed. After we explain your work schedule during the interview, you must notify us of any problems which you foresee regarding working your scheduled hours. The regular work schedule is \_\_\_\_ a.m. until \_\_\_\_ p.m. Monday through Thursday. Friday \_\_\_\_ a.m. until \_\_\_\_ p.m. Work schedules sometimes include Saturday hours. Part-time schedules will be discussed during the interview. Additionally, overtime may be required as needed.

**COMPANY POLICY REQUIRES THAT EACH EMPLOYEE ATTEND WORK AS SCHEDULED UNLESS ON APPROVED LEAVE.**

DO YOU FORESEE ANY PROBLEM IN MEETING COMPANY POLICY REGARDING ATTENDANCE AT WORK AS SCHEDULED?  Yes  No

## References (Give the names of three persons not related to you, whom you have known at least one year.)

Name	Address	Phone	Profession	Years Acquainted

## Certification - Please read carefully and sign below

Please read the following statements before signing. If you have any questions, please discuss them with a Human Resources representative before signing.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements during the application and/or interview process will result in removal from consideration or could result in immediate dismissal if employment has already commenced.

If hired, I agree to comply with the policies and procedures of the Bank. I understand that employment will be conditioned upon my mental and/or physical ability to perform the job with or without reasonable accommodation.

I authorize investigation of all statements and references contained herein, all information concerning my previous employment, any pertinent information, personal or otherwise and release all parties from all liability for any damage that may result from furnishing this information. Additionally, I authorize the Bank to supply my employment record, in whole or in part to any prospective employer, government agency, or other party, with a legal and proper interest and I release the Bank from all claims related to its providing such information.

In accordance with the provisions of the Fair Credit Reporting Act, the Bank may obtain an investigative consumer report and/or consumer report about me which may include information as to my character, general reputation and personal characteristics from personal acquaintances or others who have knowledge and/or information from a consumer reporting agency bearing on my creditworthiness, credit standing, credit capacity, general reputation and personal characteristics. Within a reasonable time of the receipt of this notification, I may request in writing a disclosure of the nature and scope of any such investigation. I hereby authorize such consumer report and/or investigative consumer report for employment purposes and acknowledge receipt of a copy of the Fair Credit Reporting Act disclosure on a separate document as required by law.

Employment is contingent on satisfactory completion of a credit check, past employment references, criminal background check, and approval of the surety bonding company.

I understand and agree that I must successfully pass a pre and/or post employment drug screen as a condition of employment, if required.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without prior notice. I agree that if hired my continued employment may be conditioned upon my taking a polygraph examination for the purpose of resolving a job related matter.

### I acknowledge that I have read and understand the above statements.

This application for employment will be considered active for a period of 45 days from date. After that time, you must reapply for employment consideration.

Signature \_\_\_\_\_ Date \_\_\_\_\_