

350 North State Road 19  
Palatka, FL 32177  
Ph: (386) 328-5600  
Fax: (386) 325-0885

4750 E. Moody Blvd, Ste. 107  
Bunnell, FL 32110  
Ph: (386) 586-6190  
Fax: (386) 437-6931



**PUTNAM**  
**STATE BANK**  
*Your True Community Bank*

2300 N. Ponce de Leon Blvd.  
St. Augustine, FL 32084  
Ph: (904) 825-4555  
Fax: (904) 825-0023

3275 US 1 South  
St. Augustine, FL 32086  
Ph: (904) 797-8840  
Fax: (904) 797-1824

## APPLICATION FOR EMPLOYMENT

(All Questions Must Be Answered Completely and Accurately)

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

We consider applicants for all positions without regard to color, religion, creed, gender, national origin, age, disability, or marital status, or any other legally protected status.

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How long at above address? \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State) (Zip)

Are you legally eligible for work in the United States? \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_

Would you prefer to work: (circle one) Full Time Part Time Temporary Date Available: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

List any friends or relatives working for us: \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied, such as special training, machine operations, hobbies, languages, etc.  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to Putnam State Bank before?  Yes  No If yes, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever worked for Putnam State Bank before?  Yes  No If yes, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to a crime; had adjudication withheld for a criminal offense; entered a pre-trial intervention program, or been placed on court-approved probation?\* (this is not necessarily a disqualifier.)  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a defendant in a civil action for intentional tort such as battery or assault?\*  Yes  No  
If yes, explain the nature of the intentional tort and the dispositive of the action. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Note: If you do not understand this question you must ask Putnam State Bank for clarification.

## EMPLOYMENT HISTORY

Please list the names of your present or previous employers in chronological order with present or last employment first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary.] All information must be completed.

<b>NAME OF PRESENT OR LAST EMPLOYER:</b>					
ARE YOU PRESENTLY EMPLOYED HERE?	<b>YES</b>	<b>NO</b>	MAY WE CALL FOR REFERENCES?	<b>YES</b>	<b>NO</b>
<b>ADDRESS:</b>			<b>PHONE No.:</b> (    )		
<b>YOUR JOB TITLE:</b>			<b>SUPERVISOR'S NAME:</b>		
<b>FROM:</b> /    /	<b>To:</b> /    /	<b>HOURS PER WEEK:</b>	<b>ENDING SALARY:</b>		
Month   Day   Year	Month   Day   Year				
<b>DUTIES AND RESPONSIBILITIES:</b>					
<b>REASON FOR LEAVING:</b>					

<b>NAME OF PRESENT OR LAST EMPLOYER:</b>					
ARE YOU PRESENTLY EMPLOYED HERE?	<b>YES</b>	<b>NO</b>	MAY WE CALL FOR REFERENCES?	<b>YES</b>	<b>NO</b>
<b>ADDRESS:</b>			<b>PHONE No.:</b> (    )		
<b>YOUR JOB TITLE:</b>			<b>SUPERVISOR'S NAME:</b>		
<b>FROM:</b> /    /	<b>To:</b> /    /	<b>HOURS PER WEEK:</b>	<b>ENDING SALARY:</b>		
Month   Day   Year	Month   Day   Year				
<b>DUTIES AND RESPONSIBILITIES:</b>					
<b>REASON FOR LEAVING:</b>					

<b>NAME OF PRESENT OR LAST EMPLOYER:</b>					
ARE YOU PRESENTLY EMPLOYED HERE?	<b>YES</b>	<b>NO</b>	MAY WE CALL FOR REFERENCES?	<b>YES</b>	<b>NO</b>
<b>ADDRESS:</b>			<b>PHONE No.:</b> (    )		
<b>YOUR JOB TITLE:</b>			<b>SUPERVISOR'S NAME:</b>		
<b>FROM:</b> /    /	<b>To:</b> /    /	<b>HOURS PER WEEK:</b>	<b>ENDING SALARY:</b>		
Month   Day   Year	Month   Day   Year				
<b>DUTIES AND RESPONSIBILITIES:</b>					
<b>REASON FOR LEAVING:</b>					

**EMPLOYMENT HISTORY (Continued)**

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<b>ADDRESS:</b>			<b>PHONE No.:</b> (    )		
<b>YOUR JOB TITLE:</b>			<b>SUPERVISOR'S NAME:</b>		
<b>FROM:</b> /    /	<b>To:</b> /    /	<b>HOURS PER WEEK:</b>	<b>ENDING SALARY:</b>		
<small>Month   Day   Year</small>	<small>Month   Day   Year</small>				
<b>DUTIES AND RESPONSIBILITIES:</b>					
<b>REASON FOR LEAVING:</b>					

<b>NAME OF PRESENT OR LAST EMPLOYER:</b>					
ARE YOU PRESENTLY EMPLOYED HERE?	<b>YES</b>	<b>NO</b>	MAY WE CALL FOR REFERENCES?	<b>YES</b>	<b>NO</b>
<b>ADDRESS:</b>			<b>PHONE No.:</b> (    )		
<b>YOUR JOB TITLE:</b>			<b>SUPERVISOR'S NAME:</b>		
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<b>ADDRESS:</b>			<b>PHONE No.:</b> (    )		
<b>YOUR JOB TITLE:</b>			<b>SUPERVISOR'S NAME:</b>		
<b>FROM:</b> /    /	<b>To:</b> /    /	<b>HOURS PER WEEK:</b>	<b>ENDING SALARY:</b>		
<small>Month   Day   Year</small>	<small>Month   Day   Year</small>				
<b>DUTIES AND RESPONSIBILITIES:</b>					
<b>REASON FOR LEAVING:</b>					

**EMPLOYMENT HISTORY (Continued)**

Please account for your time during any periods of unemployment other than those when you were attending school.

<b>FROM</b>		<b>TO</b>		<b>EXPLANATION</b>	<b>NAME AND ADDRESS OF PERSON WHO CAN BE CONTACTED</b>
<b>MO.</b>	<b>YR.</b>	<b>MO.</b>	<b>YR.</b>		

Are you employed now?  Yes  No

Does your present employer know of your plans to change employment?  Yes  No

Have you ever been terminated or asked to resign from a job?  Yes  No If yes, please explain  
the circumstances. \_\_\_\_\_

Do you have adequate transportation to and from work?  Yes  No

**MILITARY SERVICE**

Branch of Service: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Service Schools Attended: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Starting Rank: \_\_\_\_\_ Separation Rank: \_\_\_\_\_

**EDUCATION**

	YEAR		NAME AND ADDRESS OF SCHOOL	MAJOR/MINOR	GRADUATE?	DEGREE?
	FROM	TO				
HIGH SCHOOL						
COLLEGE						
GRADUATE						
OTHER (specify)						

**SPECIAL TRAINING, SKILLS OR CERTIFICATIONS**

PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS/PERSONAL REFERENCES**

(Excluding relatives. You should have known the reference for at least one year.)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Occupation \_\_\_\_\_  
Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Occupation \_\_\_\_\_  
Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Occupation \_\_\_\_\_  
Years Acquainted \_\_\_\_\_

**CERTIFICATION**

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that any false, incomplete, or misleading information is grounds for rejection of this application or, if discovered at any time after I am employed, may result in my dismissal. By submitting this application or other documents, I agree to conform to the policies of Putnam State Bank ("PSB"), and I understand that, if hired, my employment and compensation will be for no definite duration and can be terminated, with or without cause, and with or without notice, at any time, at the option of either PSB or me.

If accepted for employment, I understand that the use of illegal drugs is prohibited, and I agree to submit to drug testing to detect the use of illegal drugs at anytime during employment. I understand that any offer of employment is conditional upon satisfactory results of a background investigation.

In the event of employment, I agree to comply with all other PSB policies, procedures, rules and regulations made known to me at the time of employment or any other times thereafter, and to perform all duties assigned to me to the best of my ability.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**FAIR CREDIT REPORTING ACT DISCLOSURE**

Putnam State Bank, when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. As an applicant for employment or employee of Putnam State Bank, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to other, such as Putnam State Bank.

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



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## APPLICANT'S AUTHORIZATION TO CONDUCT BACKGROUND CHECK DISCLOSURE AND RELEASE

In consideration of my application for leasing, employment, credit or other legitimate business transaction, I hereby give authorization to conduct any inquiries deemed necessary to verify the accuracy of this information submitted in my application. This authorization allows verification of the information through both public and private sources.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

Names and dates of previous employers, reason for termination, work experience, accidents, and any other related information may be verified. I further understand and agree that requests for transcripts from educational institutions may be requested, and verification of licenses or certifications may be ordered and examined. I understand that if I am denied *employment* as a result of these inquiries, I am entitled to be furnished with and examine any such record immediately. If I am denied any other benefit as a result of this inquiry I will be given a "LETTER OF ADVERSE ACTION" which will allow me to gain free access to those records directly from the file keeper of the information.

I understand that sources may report public information concerning my driving record, work compensation claims, credit history, bankruptcy proceedings, criminal records, or other files from federal or state agencies that maintain such records, as well as from private agency data-bases that collect those records. I have read the information on this page and I understand my rights under the Fair Credit Reporting Act and my right to privacy. Furthermore, I allow this verification freely and voluntarily.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY  
PUTNAM STATE BANK TO FURNISH THE ABOVE-DESCRIBED INFORMATION; A COPY OF  
THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL.**

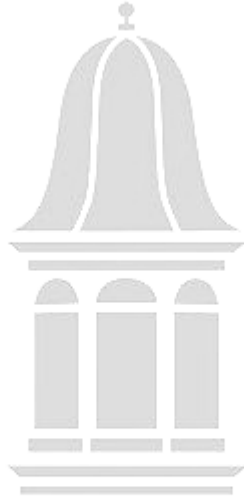
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL# \_\_\_\_\_ STATE OF ISSUANCE \_\_\_\_\_

\*Address \_\_\_\_\_  
House# \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*\*if less than two years at current address, fill out previous address below.*

Previous Address \_\_\_\_\_  
House# \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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Thank you for your expression of interest in our advertised opening. Putnam State Bank is an Equal Opportunity/Affirmative Action Employer. In order to assist us in complying with Federal record keeping requirements, please complete the information requested below and return it with your application.

**This information will be maintained separately from your application and/or resume.**

Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment.

If you choose not to provide the following information please initial here. \_\_\_\_\_

**Please print the following information:**

Position(s) Applied For \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: American Indian or Alaskan Native \_\_\_\_\_

White \_\_\_\_\_

Asian \_\_\_\_\_

Hispanic or Latino (Only) \_\_\_\_\_ Hispanic or Latino (White Race) \_\_\_\_\_

Hispanic or Latino (All Other Races) \_\_\_\_\_

Black or African American \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

How did you hear about our opening?

Newspaper \_\_\_\_\_

State Job Services \_\_\_\_\_

America's Job Bank \_\_\_\_\_

Internet \_\_\_\_\_

Recruiting Agency \_\_\_\_\_

Employee Referral \_\_\_\_\_

Other (explain) \_\_\_\_\_