



CEDAR RIVER FINANCE

APPLICATION FOR EMPLOYMENT

This application will be considered current for 60 days. After that time, it must be renewed to receive active consideration. Please fill in the following fields. When complete, save to your computer then attach to email or print & mail.

NAME OF APPLICANT: _____
LAST FIRST MIDDLE INITIAL

PHONE: _____ OTHER PHONE: _____

ADDRESS: _____
STREET OR BOX NO. CITY STATE ZIP

SOCIAL SECURITY No.: _____

U.S. Citizen or lawfully in U.S. and eligible to work? YES NO

Have you ever been convicted of a felony? YES NO

Explanatory details: _____

Select the highest grade completed:	NAME OF SCHOOL	YEAR	DEGREE
HIGH SCHOOL <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	_____		
COLLEGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____		
GRAD SCHOOL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____		
OTHER <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____		

Do you plan to attend any type of school while employed? YES NO

Details if Yes _____

Position applied for: _____

Hours/Days available: _____

Will you work nights? _____ Weekends? _____

PLEASE SELECT ONE:

PART-TIME FULL-TIME

Date available for work: _____ Wage or salary desired: _____ /

Have you ever worked for Cedar River Finance before? YES NO

Have you applied for work at Cedar River Finance before? YES NO When: _____

Do you intend to work elsewhere while working at Cedar River Finance? YES NO

Details if Yes _____

EMPLOYMENT HISTORY:

PRESENT EMPLOYER (or most recent)

COMPANY: _____ TYPE OF BUSINESS: _____

ADDRESS: _____ PHONE: _____

NAME OF LAST SUPERVISOR: _____ TITLE: _____

START DATE: _____ END DATE: _____ STARTING SALARY: _____ ENDING SALARY: _____

JOB TITLE: _____

Description of duties: _____

Reason for leaving: _____

FIRST PREVIOUS EMPLOYER:

COMPANY: _____ TYPE OF BUSINESS: _____

ADDRESS: _____ PHONE: _____

NAME OF LAST SUPERVISOR: _____ TITLE: _____

START DATE: _____ END DATE: _____ STARTING SALARY: _____ ENDING SALARY: _____

JOB TITLE: _____

Description of duties: _____

Reason for leaving: _____

SECOND PREVIOUS EMPLOYER:

COMPANY: _____ TYPE OF BUSINESS: _____

ADDRESS: _____ PHONE: _____

NAME OF LAST SUPERVISOR: _____ TITLE: _____

START DATE: _____ END DATE: _____ STARTING SALARY: _____ ENDING SALARY: _____

JOB TITLE: _____

Description of duties: _____

Reason for leaving: _____

REFERENCES

List two persons who can provide a reference (**Do Not include relatives, former relatives, former employers or our employees.**)

1. NAME _____

FULL ADDRESS _____

TELEPHONE NUMBER _____

EMAIL _____

2. NAME _____

FULL ADDRESS _____

TELEPHONE NUMBER _____

EMAIL _____

TO BE READ AND SIGNED BY APPLICANT

I hereby certify that the answers given by me to the foregoing questions are true, correct and complete and that any false statements or misleading omissions shall be grounds for immediate termination. I agree to submit to a physical examination. I also authorize any companies, schools, persons, police or law enforcement agencies, or credit agency to give any information they may have regarding my employment, habits, ability or any characteristics whatsoever, together with any information they may have regarding me whether or not it is in their records. I hereby release said persons, companies or organizations from all liability for any damage whatsoever for issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me. I understand that, if hired, my employment shall be at will and either the company or I may terminate the employment relationship at any time with or without cause and with or without notice. In the event of my employment with the company, I shall comply with all rules and regulations as set forth by the company. I agree to keep my salary confidential. I understand that all applicants are considered for employment without regard to race, color, sex, religion, national origin, or age over 40, & all qualified handicapped persons will be considered equally with other applicants.

DATE

SIGNATURE OF APPLICANT

I AGREE - by selecting this box on an electronic form you agree and understand that any electronic signature is as legally binding as a handwritten signature.

Disclosure and Authorization Concerning Consumer Reports

In processing your application for employment and with your written authorization, Cedar River Finance may obtain consumer reports about you to be used for employment purposes. If you are granted employment, Cedar River Finance and/or companies affiliated with it may subsequently, from time to time, request consumer reports about you in connection with your employment.

I, _____, hereby authorize Cedar River Finance and/or companies affiliated with it to obtain consumer reports about me which may be used for employment purposes, in processing my application for employment, and during the course of employment if I am hired.

SIGNATURE: _____

DATE: _____

I AGREE - by selecting this box on an electronic form you agree and understand that any electronic signature is as legally binding as a handwritten signature.