



**BANK OF JACKSON HOLE**  
**PO BOX 7000**  
**JACKSON, WY 83002**  
[MAILTO:HR@BOJH.COM](mailto:HR@BOJH.COM)

***EMPLOYMENT APPLICATION***

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

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

How Did You Learn About Us?  
 Advertisement       Friend       Walk-In       Other  
 Employment Agency       Relative       Employee      \_\_\_\_\_

Last Name	First	Middle	Driver's License Nr.	State
Mailing Address		City	State	Zip Code
Physical Address		City	State	Zip Code
Previous Address (if at above address less than 5 years)		City	State	Zip Code
Phone Number	Email Address			

1. If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes     No
2. Have you ever filed an application with us before?  Yes     No
3. Have you ever been employed with us before?  Yes     No
4. Are you currently employed?  Yes     No
5. May we contact your present employer?  Yes     No
6. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes     No  
*(Proof of citizenship or immigration status will be required upon employment)*
7. On what date would you be available for work? \_\_\_\_/\_\_\_\_/\_\_\_\_
8. Are you available to work:     Full time     Part time     Temporary
9. Are you currently on "lay-off" status and subject to recall?  Yes     No
10. Can you travel if your job requires it?  Yes     No

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

_____ <i>Employer Name</i>		_____ <i>Contact</i>	
_____ <i>Address</i>		_____ <i>City</i>	_____ <i>State</i> <i>Zip Code</i>
_____ <i>Known As: Last Name</i>		_____ <i>First</i>	_____ <i>M.I.</i> <i>Suffix</i>
_____ <i>Employer Phone Number</i>	_____ <i>Ext</i>	_____ <i>Position Held</i>	_____ <i>Supervisor's Full Name</i>
From: _____ to _____ <i>Dates of Employment (mm/yyyy)</i>		\$ _____ <i>Hourly Rate/Salary</i>	_____ <i>Reason for Leaving</i>
_____ <i>Work Performed</i>			

_____ <i>Employer Name</i>		_____ <i>Contact</i>	
_____ <i>Address</i>		_____ <i>City</i>	_____ <i>State</i> <i>Zip Code</i>
_____ <i>Known As: Last Name</i>		_____ <i>First</i>	_____ <i>M.I.</i> <i>Suffix</i>
_____ <i>Employer Phone Number</i>	_____ <i>Ext</i>	_____ <i>Position Held</i>	_____ <i>Supervisor's Full Name</i>
From: _____ to _____ <i>Dates of Employment (mm/yyyy)</i>		\$ _____ <i>Hourly Rate/Salary</i>	_____ <i>Reason for Leaving</i>
_____ <i>Work Performed</i>			

_____ <i>Employer Name</i>		_____ <i>Contact</i>	
_____ <i>Address</i>		_____ <i>City</i>	_____ <i>State</i> <i>Zip Code</i>
_____ <i>Known As: Last Name</i>		_____ <i>First</i>	_____ <i>M.I.</i> <i>Suffix</i>
_____ <i>Employer Phone Number</i>	_____ <i>Ext</i>	_____ <i>Position Held</i>	_____ <i>Supervisor's Full Name</i>
From: _____ to _____ <i>Dates of Employment (mm/yyyy)</i>		\$ _____ <i>Hourly Rate/Salary</i>	_____ <i>Reason for Leaving</i>
_____ <i>Work Performed</i>			

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

### Specialized Skills

Check all that apply:

- Image Capture       Fax       Calculator       Typewriter  
 PC       Microsoft Word       Microsoft Excel  
 Other (specify) \_\_\_\_\_

### Other Qualifications

*Summarize special job-related skills and qualifications acquired from employment or other experience.*

### Additional Information

List professional, trade, business or civic activities and/or offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

State any additional information you feel may be helpful to us in considering your application.

### Notice to Applicants

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A job description with list of the activities involved is available upon request.

Yes     No

### References (list 3)

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Business Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Relationship to Applicant*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Business Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Relationship to Applicant*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Business Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Relationship to Applicant*

## Education

_____	_____	_____	_____
<b>High School</b> (School Name)	Years Completed		
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Attended Under: Last Name	First	M.I.	Suffix
_____	_____	_____	_____
Phone Number	Diploma ( yes / no )	_____ to _____	Dates of Attendance (mm/yyyy)

_____	_____	_____	_____
<b>Undergraduate College</b> (School Name)	Branch Campus	Studies	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Attended Under: Last Name	First	M.I.	Suffix
_____	_____	_____	_____
Phone Number	Highest Degree Obtained	_____ to _____	Dates of Attendance (mm/yyyy)

_____	_____	_____	_____
<b>Graduate Professional</b> (School Name)	Branch Campus	Studies	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Attended Under: Last Name	First	M.I.	Suffix
_____	_____	_____	_____
Phone Number	Highest Degree Obtained	_____ to _____	Dates of Attendance (mm/yyyy)

_____	_____	_____	_____
<b>Other</b> (Specify)	Branch Campus	Studies	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Attended Under: Last Name	First	M.I.	Suffix
_____	_____	_____	_____
Phone Number	Highest Degree Obtained	_____ to _____	Dates of Attendance (mm/yyyy)

Indicate any foreign languages you can speak, read and/or write

	LANGUAGE	FLUENT	GOOD	FAIR
Speak	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any specialized training, apprenticeship, skills and/or extracurricular activities.

\_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United States military.

\_\_\_\_\_

\_\_\_\_\_

### **Applicant's Statement**

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview       Yes     No

Interview Date \_\_\_\_\_ Time \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Order Background Check     Yes     No

Date Ordered: \_\_\_\_\_ Initials: \_\_\_\_\_

Send letter                     Yes     No