

APPLICATION FOR EMPLOYMENT

(PLEASE WRITE OR PRINT PLAINLY)

Olympia Federal Savings

PO Box 1338
Olympia, WA 98507

DATE OF APPLICATION _____

AN EQUAL OPPORTUNITY EMPLOYER

11/00 Reviewed by the Human Rights Commission

This Application is valid for 6 months unless renewed in writing by the applicant

Instructions: Please read each question carefully and answer to the best of your ability.

<u>NAME:</u>		Last	First	Middle Initial	SOCIAL SECURITY NUMBER	
<u>PRESENT ADDRESS:</u>		Street	City	State, Zip		How Long?
<u>PREVIOUS ADDRESS:</u>		Street	City	State, Zip		How Long?
<u>Home Phone</u>	<u>E-mail or Secondary Phone</u>	<u>Other Names Known By:</u>			<u>Are you at least 18 years of age:</u>	
					Yes _____ No _____	

* Have you ever been convicted of a felony or any other criminal offense involving dishonesty or a breach of trust? _____ Yes _____ No

* If answer to this question is yes, please explain on separate sheet of paper.

Note: The deposits of this institution are insured by the Federal Deposit Insurance Corporation ("FDIC"), in accordance with its rules and regulations. This institution may, as permitted by law, submit your fingerprints to the Federal Bureau of Investigation ("FBI") and receive an FBI report to enable this institution to comply with Title 12 of the United States Code, Section 1829. This section provides that, without the prior consent of the FDIC, no person may serve or continue to serve as an officer or employee of such an institution who was or is convicted of any criminal offense involving dishonesty or a breach of trust, or who has agreed to enter into a pretrial diversion or similar program in connection with prosecution of such an offense. For each knowing violation of this prohibition, the institution and the person involved may each be subject to penalties up to \$1,000,000 for each day that the prohibition is violated and the person involved may also be subject to imprisonment up to five years.

Who referred you to us?	(Optional) Do you have a salary requirement of which we should be aware?
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What position(s) are you applying for?

Are you interested in Full-Time _____ Part-Time _____ Date you could start work? _____

Days available ? _____, available weekends ? _____, evenings ? _____, hours available ? _____.

A reasonable attempt will be made to accommodate employees who require certain hours or days off because of their religious beliefs or practices

Briefly tell us why you think you would be a qualified applicant for the job desired?

Are you a former employee? _____ Yes _____ No If yes, date of former employment: _____

List any relatives in our employ: _____ (We seek this information for internal accounting safeguards.)

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? (In answering this question, please refer to the job description for the position for which you are applying. If none was provided, please skip this question.) _____ Yes _____ No

Do you have the legal right to work in the United States? _____ Yes _____ No

If hired, documented proof of citizenship or legal right to work in the U.S. will be required within the first three days of employment.

EMPLOYMENT APPLICATION

EDUCATION

HIGH SCHOOL DIPLOMA OR EQUIVALENT? ____ YES ____ NO

Please list education. You may also include special training and professional memberships which relate to the position for which you are applying.

Table with 4 columns: NAME, CITY & STATE, AVERAGE GRADE, DEGREE RECEIVED. Rows for High School, College/University, and Other.

Do you plan to continue your schooling? ____ Yes ____ No May we obtain transcripts from schools you have attended? ____ Yes ____ No

SKILLS AND APPLICATIONS

Please indicate your skills below

COMPUTER PROGRAMS

____ WINDOWS ____ WORD ____ EXCEL ____ POWERPOINT ____ ACCESS

____ OTHERS Please list:

KEYBOARDING: _____ WPM CALCULATOR/10-KEY: ____ BY SIGHT ____ BY TOUCH

OTHERS (List)

Have you ever been refused a fidelity bond? ____ Yes ____ No If Yes, explain:

Have you ever been discharged or given the opportunity to resign? Explain:

List character references other than relatives or former employers:

Table with 5 columns: Name, Address, City, Occupation, Phone Number.

OPTIONAL: Are there any professional JOB RELATED organizations to which you belong?

EMPLOYMENT APPLICATION

WORK HISTORY

List most recent employer first. Include military service and periods of unemployment.

<u>COMPANY</u>	<u>SUPERVISOR</u> <u>Name/Title</u>	<u>MAY WE CONTACT:</u> ____ YES ____ NO
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
<u>LENGTH OF EMPLOYMENT</u> From: _____ To: _____	<u>JOB TITLE</u>	<u>Did you supervise anyone?</u> If Yes, How many? _____
<u>DESCRIPTION OF RESPONSIBILITIES:</u>		
<u>REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY.</u>		<u>LAST SALARY</u>

<u>COMPANY</u>	<u>SUPERVISOR</u> <u>Name/Title</u>	<u>MAY WE CONTACT:</u> ____ YES ____ NO
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
<u>LENGTH OF EMPLOYMENT</u> From: _____ To: _____	<u>JOB TITLE</u>	<u>Did you supervise anyone?</u> If Yes, How many? _____
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<u>COMPANY</u>	<u>SUPERVISOR</u> <u>Name/Title</u>	<u>MAY WE CONTACT:</u> ____ YES ____ NO
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
<u>LENGTH OF EMPLOYMENT</u> From: _____ To: _____	<u>JOB TITLE</u>	<u>Did you supervise anyone?</u> If Yes, How many? _____
<u>DESCRIPTION OF RESPONSIBILITIES:</u>		
<u>REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY.</u>		<u>LAST SALARY</u>

WORK HISTORY (Continued)

List most recent employer first. Include military service and periods of unemployment.

<u>COMPANY</u>	<u>SUPERVISOR</u> _____ <u>Name/Title</u>	<u>MAY WE CONTACT:</u> _____ YES _____ NO
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
<u>LENGTH OF EMPLOYMENT</u> From: _____ To: _____	<u>JOB TITLE</u>	<u>Did you supervise anyone?</u> If Yes, How many? _____
<u>DESCRIPTION OF RESPONSIBILITIES:</u>		
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<u>COMPANY</u>	<u>SUPERVISOR</u> _____ <u>Name/Title</u>	<u>MAY WE CONTACT:</u> _____ YES _____ NO
<u>Address</u>	<u>City, State, Zip</u>	<u>Phone Number</u>
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APPLICANTS: Please read carefully before signing:

I certify that the information on this application is true and correct; I understand that a thorough investigation of my work history will be made and all information I have provided on this application may be verified. I authorize such investigation and the giving and receiving of any information requested and I release from liability any person giving or receiving such information. I understand that falsification or misleading information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.

I understand that Federal law authorizes federally-chartered or federally-insured financial institutions to submit fingerprints of persons applying for employment for purposes of obtaining information from the records of the Federal bureau of Investigation.

In the event I am employed, I understand that customers' names and transactions are to be held in strict confidence, and I agree that I will not, during or after my term of employment, disclose any of the institution's trade secrets or confidential information.

I understand that pre-employment and employment credit checks may be conducted. If any adverse action is required based in whole or in part on the report, I understand that I will be provided with the name, address and telephone number of the consumer reporting agency providing the report and a reasonable opportunity to respond to any information in the report that I dispute.

I understand this application is not a contract of employment and that in the event I am employed, I may with or without notice, at any time voluntarily terminate my employment. I further understand that I may be terminated by the employer at any time, for any or no reason, with or without notice. Any verbal statements or promises by the employer or its agents to the contrary are hereby expressly disavowed and may not be relied upon by any employee.

APPLICANT'S SIGNATURE: _____ DATE: _____