

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address

City State Zip

Dates of Employment: _____
From To

Weekly Pay: _____
Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address

City State Zip

Dates of Employment: _____
From To

Weekly Pay: _____
Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Employment History (continued)

_____ Name of Employer	_____ Telephone No.		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address	_____ City	_____ State	_____ Zip
Dates of Employment: _____ From	_____ To	Weekly Pay: _____ Starting	_____ Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No
Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ First Name	_____ Last Name	_____ Telephone No.	
_____ Address	_____ City	_____ State	_____ Zip
_____ Occupation	_____ No. of Years Acquainted		

_____ First Name	_____ Last Name	_____ Telephone No.	
_____ Address	_____ City	_____ State	_____ Zip
_____ Occupation	_____ No. of Years Acquainted		

_____ First Name	_____ Last Name	_____ Telephone No.	
_____ Address	_____ City	_____ State	_____ Zip
_____ Occupation	_____ No. of Years Acquainted		

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize **Malaga Bank** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release **Malaga Bank**, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and Malaga Bank. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Bank and that no promises or representations contrary to the foregoing are binding on the Bank unless made in writing and signed by me and the Bank's designated representative.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Bank; I am entitled to copies of any such public records obtained by the Bank unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature