

ATTN: Human Resources  
Post Office Box 120  
Queenstown, MD 21658



TEL 410-827-8881  
FAX 410-827-4343  
[HR@queenstownbank.com](mailto:HR@queenstownbank.com)

## Application for Employment

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

QUEENSTOWN BANK OF MARYLAND is an Affirmative Action/Equal Opportunity Employer. Qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or veteran status.

Please answer every question. Please write legibly or print.

### PERSONAL

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|      |            |                |      |
|------|------------|----------------|------|
| Last | First Name | Middle Initial | Date |
|------|------------|----------------|------|

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|                 |      |       |          |
|-----------------|------|-------|----------|
| Present Address | City | State | Zip Code |
|-----------------|------|-------|----------|

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|              |            |                |
|--------------|------------|----------------|
| Phone Number | Cell Phone | E-Mail Address |
|--------------|------------|----------------|

Have you applied for work with us before?  Yes  No Date: \_\_\_\_\_

Have you ever worked for us?  Yes  No When and in what capacity? \_\_\_\_\_

Was it under a different name?  Yes  No If yes, in what name? \_\_\_\_\_

Position or type of work for which you are applying: \_\_\_\_\_  Full Time  Part Time

If requesting part time, specify daytime or evening hours when you would be available: \_\_\_\_\_

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Location Preference: \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you able to perform the essential functions of the position you are applying for? Explain. \_\_\_\_\_

How were you referred to us?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Advertisement           | <input type="checkbox"/> Employment Agency        | <input type="checkbox"/> Job Fair: _____ |
| <input type="checkbox"/> Self-Initiated          | <input type="checkbox"/> School                   | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> State Employment Agency | <input type="checkbox"/> Employee Referral: _____ |  |

In order to be employed by the Bank, you must be legally eligible for employment under Department of Justice regulations. Proof of eligibility will be required upon employment. Can you meet this requirement?  Yes  No

Do you have a relative working for us? If yes, give the employee's name and relationship: \_\_\_\_\_

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**EMPLOYMENT**

Present position title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
Street City State Zip Code

Name and title of immediate supervisor: \_\_\_\_\_

May we contact at this time?  Yes  No

Description of responsibilities (include number of people supervised): \_\_\_\_\_

\_\_\_\_\_

Why would you consider leaving? \_\_\_\_\_

\_\_\_\_\_

Position title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
Street City State Zip Code

Name and title of immediate supervisor: \_\_\_\_\_

May we contact at this time?  Yes  No

Description of responsibilities (include number of people supervised): \_\_\_\_\_

\_\_\_\_\_

Why would you consider leaving? \_\_\_\_\_

\_\_\_\_\_

Position title: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
Street City State Zip Code

Name and title of immediate supervisor: \_\_\_\_\_

May we contact at this time?  Yes  No

Description of responsibilities (include number of people supervised): \_\_\_\_\_

\_\_\_\_\_

Why would you consider leaving? \_\_\_\_\_

\_\_\_\_\_

Did you work for any of the above employers under a different name?  Yes  No

If yes, what name? \_\_\_\_\_ Which employers are affected? \_\_\_\_\_

Briefly summarize activities and supply dates for periods of time not accounted for above: \_\_\_\_\_

\_\_\_\_\_

**SPECIFIC SKILLS** Check skills you have or equipment you can operate:

- |  |                                     |  |                                     |
|--|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Computer        | <input type="checkbox"/> Calculator | <input type="checkbox"/> Counting Currency |                                     |
| <input type="checkbox"/> Teller Terminal | <input type="checkbox"/> Telephone  | <input type="checkbox"/> Filing            |                                     |
|  | <input type="checkbox"/> Copier     | <input type="checkbox"/> Business Math     |                                     |
| Computer Software:                       |                                     | <input type="checkbox"/> Accounting        |                                     |
| <input type="checkbox"/> Outlook         | <input type="checkbox"/> Word       | <input type="checkbox"/> Excel             | <input type="checkbox"/> QuickBooks |

If the position you are applying for requires driving, do you have a valid driver's license?  Yes  No

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**EDUCATION**

| Name                          | Location (City, State) | Major course or subject | Circle last year completed | If graduated, month, year & type of degree | Credit hours completed |
|-------------------------------|------------------------|-------------------------|----------------------------|--|------------------------|
| High School or Preparatory    |                        |                         | 1 2 3 4                    |  |                        |
| Business School/Vo-Tech/Other |                        |                         | 1 2 3 4                    |  |                        |
| College                       |                        |                         | 1 2 3 4                    |  |                        |
| Graduate Work                 |                        |                         | 1 2 3 4                    |  |                        |

Are you planning to pursue further studies?  Yes  No Where? \_\_\_\_\_  Day  Night

What courses are you planning on taking? \_\_\_\_\_

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**CAREER OBJECTIVES** Please enter your career objectives: \_\_\_\_\_

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**AFFILIATIONS/MEMBERSHIPS/ETC.** List professional organizations, memberships, and activities excluding any which indicate the race, religion, sex or national origin of their members: \_\_\_\_\_

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**REFERENCES** List three professional references whom you have known for at least one year.

| NAME | ADDRESS | PHONE NUMBER (if known) |
|------|---------|-------------------------|
|------|---------|-------------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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**PLEASE READ BEFORE SIGNING**

I hereby certify that information on this application is accurate and complete to the best of my knowledge, and subject to verification by **QUEENSTOWN BANK OF MARYLAND**. I understand that in the event of my subsequent employment:

- I will be required to complete this application and other employment forms and documents and that any omission or misrepresentation of facts called for may be cause for immediate dismissal,
- I may be required to submit to a physical exam as a condition of continued employment.

I understand that this application will remain in **QUEENSTOWN BANK OF MARYLAND**'s active files no longer than 180 days, after which time I must re-apply to be considered for further openings.

I understand that this application and other matters connected with my application do not constitute a contract, express or implied, with the Bank, and that any employment with the Bank is at will, and may be terminated at any time, with or without notice, and with or without cause.

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SIGNATURE

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DATE

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**INVESTIGATIVE REPORTS**

I understand that in examining my qualifications, it may be necessary to verify details of my employment and personal history. Investigative reports may be obtained by **QUEENSTOWN BANK OF MARYLAND** for evaluation. These reports may include information concerning my work history and financial responsibility.

I further understand that I have the right to make a request of the Bank, in writing, to learn the complete nature and scope of such investigative reports, if they are obtained.

I authorize current and previous employers to release all information regarding my employment records and employment history with them.

I certify that I have received and read a copy of this statement and hereby authorize **QUEENSTOWN BANK OF MARYLAND** to obtain reports as described above.

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SIGNATURE

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DATE

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**PLEASE READ AND SIGN THE FOLLOWING STATEMENTS, REQUIRED BY LAW:**

Lie Detector Tests

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TO TAKE A POLYGRAPH LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

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SIGNATURE

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DATE

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