

PLEASE FAX COMPLETED APPLICATION TO (843) 815-7112

EDUCATIONAL BACKGROUND

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE AND ZIP CODE	MAJOR SUBJECTS	DID YOU GRADUATE?

List civic or other organizations in which you have held office (excluding racial, religious or nationality organizations):

Hobbies or Subjects of interest: _____

Honors or Awards you have received: _____

References: (Not relatives, former employers or minors)

NAME	ADDRESS	PHONE NUMBER	OCCUPTION

EMPLOYMENT DATA:

1 EMPLOYER: _____ POSITION / TITLE: _____ PHONE #: _____

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DESCRIBE WORK EXPERIENCE / DUTIES

DATES EMPLOYED (MO/YR) ENDING SALARY SUPERVISOR REASON FOR LEAVING

2. EMPLOYER: _____ POSITION / TITLE: _____ PHONE #: _____

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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DESCRIBE WORK EXPERIENCE / DUTIES

DATES EMPLOYED (MO/YR)	ENDING SALARY	SUPERVISOR	REASON FOR LEAVING
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3. EMPLOYER: _____ POSITION / TITLE: _____ PHONE #: _____

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DESCRIBE WORK EXPERIENCE / DUTIES

DATES EMPLOYED (MO/YR)	ENDING SALARY	SUPERVISOR	REASON FOR LEAVING
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4. EMPLOYER: _____ POSITION / TITLE: _____ PHONE #: _____

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DESCRIBE WORK EXPERIENCE / DUTIES

DATED EMPLOYED (MO/YR)	ENDING SALARY	SUPERVISOR	REASON FOR LEAVING
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IMPORTANT INFORMATION

Please read carefully each of the following conditions of possible employment with Atlantic Community Bank, and indicate that you have read these provisions by initialing next to each provision:

__ 1. I hereby certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or misrepresentation of this information or use of misleading statements is grounds for refusal to hire – or, if hired, dismissal. I further understand that my application will remain on file until the position is filled.

__ 2. I understand that routine investigations, including inquiries addressed to the references you have furnished us, may be made during our processing of your application which will provide pertinent information concerning your background, work performance, and credit standing. Upon request, information as to the results of such inquiries, if made, will be provided.

__ 3. I understand that to be considered for employment the Bank may require screening for drug and alcohol use. I understand that consideration of employment and my continued employment is based upon my consent and compliance with the Bank's policy. I further understand that the Bank may require a post offer drug and alcohol screening. I consent to take the post offer drug and alcohol screening.

__ 4. I understand that to be considered for employment the Bank may require me to undergo a consumer / criminal record search. I understand that consideration of employment and my continued employment is based upon my consent and compliance with the Bank's policy. I further understand that the Association may require a post consumer / criminal record search. I consent to having the Bank do a consumer / criminal record search.

__ 5. I understand that, if employed by the Bank, the first three months of employment are a probationary period. I also understand that this period may be extended and that I will not be considered a regular employee of the Bank until the successful expiration of my introductory period.

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___ 6. I fully understand that if I become employed by the Bank that there is no employment contract, whether expressed or implied, and that my employment will not be for any definite period of time. I understand that I may end my employment with the Bank at any time and for any reason and that the Bank has the same right to do so.

I have read each of the above statements. I authorize any of the persons or organizations referenced in this application to furnish Atlantic Community Bank any and all information concerning previous employment, education or any other information they might have, personal or otherwise, and release such parties from all liability for any damage that may result from furnishing such information to Atlantic Community Bank to request and receive such information.

Signature

Date

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VOLUNTARY SELF – IDENTIFICATION

The information requested below is used by Atlantic Community Bank only to maintain records required of employers doing business with the federal government. **YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH ATLANTIC COMMUNITY BANK.** If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment opportunities with Atlantic Community Bank, which is an equal employment opportunity employer.

Name: _____

Date of Application: _____

Job Applied For: _____

Referral Source: _____

Race/Ethnicity (select one or more):

- White
- Black or African American
- Hispanic or Latino (White Race Only)
- Hispanic or Latino (All other Races)
- Asiari
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

Sex:

- Male
- Female
- I do not wish to disclose this information

P.O. Box 3077, Bluffton, South Carolina 29910 * (843) 815-7111

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BACKGROUND VERIFICATION DISCLOSURE

Atlantic Community Bank may obtain a consumer report in connection with your application for employment. The Fair Credit Reporting Act, as amended by the Consumer Report Reform Act of 1996, requires we advise you that for purposes of employment only, a consumer and/or law enforcement report may be obtained which may include information about your credit worthiness, character, general reputation, personal characteristics, and/or mode of living.

AUTHORIZATION AND RELEASE

During the application process and at any subsequent time if I am employed with Atlantic Community Bank, I authorize, Atlantic Community Bank to procure a consumer report and/or law enforcement report which I understand may include information about my credit worthiness, character, general reputation, personal characteristics, and/or mode of living. I also release Atlantic Community Bank from any liability connected with obtaining such a report.

Social Security Number

Date of Birth (To be used for reporting
Purposes only)

Applicant Signature

Date

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