



# EMPLOYMENT APPLICATION

1<sup>ST</sup> State Bank is a federal contractor and does not discriminate against otherwise qualified individuals based on their status as protected veterans or individuals with disabilities, or other individuals based on their race, color, religion, sex, national origin, age, height, weight, marital status, or any other legally protected status. 1<sup>ST</sup> State Bank also takes affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status or disability.

If you have a disability that impairs your ability to be considered, interviewed or test for a position, please notify 1<sup>ST</sup> State Bank of the accommodations you need.

You must complete the entire application and sign the Authorization and Understanding at the end of the application to be considered for employment, even if you have submitted a resume. If there is not enough space on this form to answer a question fully, please attach additional pages. You may show this application to any person you choose before submitting the completed application.

**(Please Print)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Other Telephone No.: \_\_\_\_\_

Other names under which your records may be kept: \_\_\_\_\_

Are you legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If part time, specify days and hours available: \_\_\_\_\_

Starting Salary Expected: \_\_\_\_\_

How were you referred to 1<sup>ST</sup> State Bank? \_\_\_\_\_

Have you every applied here before or been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify dates: \_\_\_\_\_

Are any of your friends or relatives employed at 1<sup>ST</sup> State Bank? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provides name(s): \_\_\_\_\_

Are you 18 years old or older: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify on which jobs: \_\_\_\_\_

Have you ever been convicted of any crime, excluding routine traffic offenses, or are there any felony charges currently pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

(Note: Answering yes will not automatically disqualify you from consideration.)

If yes, describe in detail: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Name & Address	Did you Graduate ?	Course of Study or Degree Conferred and Date Obtained
High School _____ _____ _____ _____		_____ - _____ - _____ - _____ -
College _____ _____ _____ _____		_____ - _____ - _____ - _____ -
Other _____ _____ _____ _____		_____ - _____ - _____ - _____ -

Are you attending school now or do you plan on furthering your education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify course and time commitment: \_\_\_\_\_

\_\_\_\_\_

Do you hold any professional licenses or certifications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list and describe: \_\_\_\_\_

Have you ever had a professional license or certification revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list and describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently under investigation by any agency or department concerning any licensure or certification matter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

Beginning with most recent job, include your entire employment history and military service. Attach additional pages, if necessary.

Employer Name, Address & Telephone	Dates From/To	Duties & Supervisor	Reasons for Leaving
_____ _____ _____ _____ _____	_____ To _____	_____ - _____ - _____ - _____ -	_____ - _____ _____ _____
_____ _____ _____ _____ _____	_____ To _____	_____ - _____ - _____ - _____ -	_____ - _____ _____ _____
_____ _____ _____ _____ _____	_____ To _____	_____ - _____ - _____ - _____ -	_____ - _____ _____ _____

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you bound by a continuing confidentiality, non-compete, non-solicitation or other restrictive agreement from your current or a former employer? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

List other experiences, skills, or qualifications that you believe especially qualify you to work for 1<sup>st</sup> State Bank:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Are you able to perform, with or without reasonable accommodation, the tasks involved in the job for which you have applied? Yes\_\_\_\_\_ No\_\_\_\_\_

Note: If you require an accommodation on the job, you must notify us in writing within 182 days after the need for accommodation is known. This organization will make reasonable accommodation for known disabilities.

**PERSONAL REFERENCES**

(Do not list former employers or relatives)

Name & Occupation	Address	Telephone
_____ _____ _____ _____	_____ _____ _____ _____	
_____ _____ _____ _____	_____ _____ _____ _____	
_____ _____ _____ _____	_____ _____ _____ _____	

**Authorization and Understanding**

I represent that the answers and information given by me in this application and any resume are true and complete. I understand that any false, inaccurate, or misleading information may result in disqualification or termination, if hired. I authorize 1<sup>st</sup> State Bank to verify the information I have provided and to make any investigation of my background deemed necessary, both at the time of application, and later, during my employment, if I am hired. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions) contacted by 1<sup>st</sup> State Bank to furnish any information relevant to my application for employment, excluding health or medical history or other illegal information and waive any applicable notice requirement. I release all persons and organizations from any and all liability and any and all damages whatsoever for furnishing such information.

I have disclosed to 1<sup>st</sup> State Bank any non-compete, non-disclosure or non-solicitation agreements that I have signed with my present or past employers, and I agree not to disclose the trade secrets or confidential information of third parties to 1<sup>st</sup> State Bank at any time.

I understand and agree that employment with 1<sup>st</sup> State Bank is at will and that either I or 1<sup>st</sup> State Bank can terminate my employment and compensation with or without notice, for any legally permissible reason, at any time. I acknowledge that no representations to the contrary, either oral or written, have been made to me and that any pre-existing understandings which contradict an at-will status of employment are cancelled. Further, I understand that only the president of 1<sup>st</sup> State Bank has any authority to enter into any agreement for employment or to make any contrary agreement and that any such agreement must be in writing, directed to me personally and signed by the president.

In consideration of my employment, I agree to conform to 1<sup>st</sup> State Bank's rules and policies. I understand that due to the nature of bank business, attendance and punctuality are considered essential requirement of work at the bank and that poor attendance or tardiness may result in disciplinary action. Also, I agree not to begin any action or suit relating to employment with 1<sup>st</sup> State Bank or any related entity more than six months after the date of termination of such employment, unless there is a shorter statute of limitations, in which case such shorter limitation period shall apply, and I waive any longer statute of limitations to the contrary. This shortened statute of limitations shall apply to any lawsuit against 1<sup>st</sup> State Bank, its parent company, affiliates, their officers, directors, employees and agents. If this provision is held invalid or unenforceable, I agree that such time period will be deemed increased to the minimum extent necessary to make such provision valid and enforceable.

This application for employment shall be considered active for a period of time not to exceed 12 months. 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 KNOWINGLY AND VOLUNTARILY WAIVE ALL RIGHTS TO TRIAL BY JURY OF ANY AND ALL CLAIMS OR DISPUTES BETWEEN ME AND 1<sup>ST</sup> STATE BANK, ITS PARENT COMPANY, AFFILIATES, THEIR OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS.

If any term of this document is found to be legally unenforceable as written, it can be modified to permit enforcement as far as legally possible. My signature below indicates that I have read and understood the above paragraphs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## INVESTIGATIVE AND CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

In connection with my application for employment or continued employment with 1<sup>st</sup> State Bank, I understand that 1<sup>st</sup> State Bank may inquire itself, or request a consumer report and/or an investigative consumer report from a third party. I understand that the investigation may include but not be limited to information as to my character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, work habits, and performance.

I further understand that this information may be obtained in various ways, including, but not limited to, interviews of former employers, neighbors, friends and/or references, by accessing social networking sites including, but not limited to, MySpace, Facebook, Friendster, Xanga, LinkedIn, Twitter, Instagram, YouTube and search engines and other internet sites such as Google.com, Yahoo.com, Classmates.com, and Peoplefinders.com.

I understand that in compliance with applicable law and as directed by 1st State Bank policy and consistent with any job that I may hold, 1st State Bank may request information from public and private sources about, but not limited to, my driving record, court record, education, credentials, credit, on-line activity, and references.

If 1st State Bank policy requires, I am willing to submit to drug testing to detect the use of illegal drugs, controlled substances, or abuse of prescription over-the-counter medications prior to and during employment. Medical and workers' compensation information will only be requested post-offer of employment and only in compliance with the Federal Americans with Disabilities Act (ADA), the Michigan Persons with Disabilities Civil Rights Act (PWDCRA), and/or any other applicable federal or state laws.

I understand that 1st State Bank may request information from various federal, state, and other agencies that maintain records concerning my past activities and history. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to my potential or continued employment, I understand that 1st State Bank will provide me with a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act (FCRA) before making the adverse decision.

I authorize, without reservation, any party or agency contacted by 1st State Bank to furnish the above-mentioned information. I further release and hold harmless any agency or 1st State Bank and/or its representatives from all liability for doing so and/or releasing such information to this employer for its consideration. I also waive any notice requirements for disclosing the information under any applicable state or federal law.

**Print** Your Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth \_\_\_\_\_

1st State Bank Representative Signature \_\_\_\_\_ Date: \_\_\_\_\_



Voluntary Self-Identification Form

Government agencies may require reporting on the status of applicants. This data will not be used in the selection process and will be kept confidential (separate from the application form). Submission of such data is voluntary; choosing not to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female

Position Applied For: \_\_\_\_\_

RACE/ETHNICITY:

\_\_\_ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

\_\_\_ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_ **Black or African American** - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."

\_\_\_ **Native Hawaiian or other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_ **White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_ **Hispanic or Latino (all races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_ **Hispanic or Latino (White race only)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

\_\_\_ **Hispanic or Latino (all other races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

For Human Resources:

\_\_\_ **Race missing or unknown** - Applies to applicants only when a resume or application that is screened is received without any racial ethnic identification and no further contact is made with the applicant.

Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_