

FARMERS STATE BANK OF MUNITH
EMPLOYMENT APPLICATION

The Farmers State Bank of Munith is an equal opportunity employer and does not discriminate against otherwise qualified individuals on the basis of race, color, religion, national origin, sex, age, disability, marital status, height, weight or any other legally protected status. The Farmers State Bank of Munith will make reasonable accommodation for disability upon request.

Please complete the entire application and sign the Authorization and Understanding at the end of the application. This application will not be considered otherwise. If there is not enough space on this form to answer a question fully, please attach additional pages.

(PLEASE PRINT)

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Date: _____ Social Security Number: _____

Name: _____

Present Address: _____

Telephone number: _____

Are you legally authorized to work in the United States?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other names under which records may be kept: _____

Position applied for: _____ Full Time Part Time

If part time, specify days and hours: _____

Starting Salary Expected: _____ How were you referred to this financial institution? _____

Have you ever applied here before or been employed here before? Yes No

If yes, specify: _____

Are any of your friends or relatives employed at this financial institution? Yes No

If yes, specify: _____

Are you 18 years old or older? Yes No If no, do you have proof of eligibility of work? Yes No

Have you ever been bonded? Yes No If yes, on what jobs? _____

Have you ever been convicted of a crime, excluding routine traffic offenses? Yes No

If yes, describe in detail: _____

Are there any felony charges pending against you currently? Yes No

If yes, describe in detail: _____

EDUCATION		
Name and Address	Did you Graduate	Course of Study or Degree Conferred
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/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 of certification matter: Yes No

If yes, please list and describe: _____

Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Employment History

Start with the most recent, include your entire employment history and military service, attach additional pages if necessary.

Company_____	Address_____
From_____ to _____	Starting salary_____ Last salary_____
Job Title_____	Duties_____
Immediate supervisor_____	_____
Reason for leaving_____	Title_____ Telephone No_____

Employment History, continued.....

Company _____	Address _____
From _____ to _____	Starting salary _____ Last salary _____
Job Title _____	Duties _____
Immediate supervisor _____	Title _____ Telephone No _____
Reason for leaving _____	_____

Company _____	Address _____
From _____ to _____	Starting salary _____ Last salary _____
Job Title _____	Duties _____
Immediate supervisor _____	Title _____ Telephone No _____
Reason for leaving _____	_____

Company _____	Address _____
From _____ to _____	Starting salary _____ Last salary _____
Job Title _____	Duties _____
Immediate supervisor _____	Title _____ Telephone No _____
Reason for leaving _____	_____

What experiences, skills, or qualifications do you feel especially would qualify you for work with our organization?

Personal References
(not former employers or relatives)

Name and Occupation	Address	Telephone No.

Are you able to perform, with or without accommodation, the functions of the job for which you have applied?

Yes No

Authorization and Understanding

I represent that the answers and information given by me in this application are true and complete. I authorize the Company to verify the information I have provided and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions, etc.) contacted by Farmers State Bank of Munith to furnish any information relevant to my application for employment, excluding health and medical history or other information prohibited by law, and further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information. I acknowledge that any false, inaccurate or misleading information may result in refusal to hire or dismissal once the facts become known.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I have no objection to signing an employee agreement on confidential information. I consent to all legally permissible medical examinations and drug and alcohol testing required by Farmers State Bank of Munith.

I understand and agree that employment with Farmers State Bank of Munith is at will and that either Farmers State Bank of Munith or I can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings which contradict an at will status of employment are canceled. Further, I understand that only the President of Farmers State Bank of Munith has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing, and that any such agreement must expressly state such purpose and must be in writing and signed by the President of Farmers State Bank of Munith.

In consideration of my employment, I agree to conform to the rules and policies of Farmers State Bank of Munith. Also, I agree not to begin any action or suit relating directly or indirectly to employment with Farmers State Bank of Munith or the termination of such employment more than one (1) year after the date of termination of such employment and I waive any statute of limitations to the contrary. 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.

Signature

Dated