

*First National Bank
PO Box N
Bagley, MN 56621
Employment Application*

PERSONAL INFORMATION

<i>Job Applied For</i>		<i>Date</i>	
<i>Name (Last Name First)</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>E-mail Address</i>		<i>Phone</i>	
<i>Are you 18 Years or Older? If not, can you submit a work permit?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			

This EEO Policy Statement is a reminder that all employees are protected from discrimination under the laws we enforce. Employees and applicants for employment are covered by federal laws and Presidential Executive Orders designed to safeguard employees and job applicants from discrimination on the basis of race, color, religion, sex (including pregnancy) national origin, age, disability, veteran status or any other classifications protected by federal, state or local law. These protections extend to all management practices and decisions, including recruitment and hiring, appraisal systems, promotions, training, and career development programs. Consistent with these obligations, the bank also provides reasonable accommodations to employees and applicants with disabilities; known limitations related to pregnancy, childbirth, or related medical conditions; and for sincerely held religious beliefs, observances, and practices.

APPLICATION FOR EMPLOYMENT

DESIRED EMPLOYMENT

What Position Or Type Of Work Are You Seeking?	If Hired, When Will You Be Available To Start?	Salary Desired
Are You Employed Now?	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied To This Company Before?	Where?	When?
Ever Worked For This Company Before?	Where?	When?
Are You Interested In: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	What Days and Hours are you willing to work?	Can you work overtime if required?
Who Referred You To This Company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In <input type="checkbox"/> Other		

EDUCATION

School Level	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Describe any job related specialized training, apprenticeship, skills and extra-curricular activities:
(Please do not include any information that would reveal a protected class status)

List any job-related professional or technical organizations to which you belong:
(Please do not include any information that would reveal a protected class status)

FORMER EMPLOYERS *List Last Three Employers, Starting With The Most Recent One First.*

Name of Present or Last Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
May we Contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			

Name of Previous Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			

Name of Previous Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Supervisor	Title	Phone	
Description of Work			
Reason For Leaving			

SPECIALIZED SKILLS *Check Skills/Equipment Operated*

- | | | |
|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Word | <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Other |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Desktop Publishing | |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> 10-Key | |

REFERENCES

Name	Address	Business & Phone	Years Acquainted

Can you meet the job requirements of the position for which you applied with or without an accommodation?

☐ Yes ☐ No

Can you meet the work schedule or attendance requirements of the job?

☐ Yes ☐ No-Explain:

Can you, if employed, submit verification of your legal right to work in the United States?

☐ Yes ☐ No

APPLICANT'S STATEMENT

"I certify that the facts contained in this application and any accompanying resume are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application or resume may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that the company shall not be liable in any respect if my employment is so denied or terminated.

I authorize investigation and verification of all statements contained herein and the references and former employers and employees to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise to include credit history, education, employment verification, personal references and criminal records. I release the company from all liability for any damage that may result from receiving and/or using such information.

I hereby understand and acknowledge that, any employment relationship with this organization is of an "*at will*" nature, which means that the employee may resign at any time and the Employer may discharge employee at any time with or without cause or notice as long as it does not violate, local, state or federal law. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that this application and any employee manuals or handbooks that may be distributed to me shall not be construed or relied upon as a contract.

Signature of Applicant:

Date

CONSUMER REPORT NOTIFICATION & AUTHORIZATION

I understand that in processing my application consumer reports may be obtained from consumer reporting agencies such as law enforcement or other government agencies solely for employment purposes. Consumer reports may include but are not limited to reports containing information on credit history, employment history, motor vehicle records, criminal background, and personal references. It is my right under the "Fair Credit Reporting Act (FCRA)" to request additional information on the nature of the consumer report.

I agree that any decision to hire me is contingent upon the results of my consumer report. First National Bank will provide me with a copy of the consumer report and a summary of my rights under the "Fair Credit Reporting Act" before taking any adverse action based, in whole or in part, on information contained in the consumer report.

By this document, First National Bank has disclosed to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

I hereby provide First National Bank with written authorization to obtain a consumer report as part of the pre-employment background investigation. If hired, this authorization will remain on file and will serve as an ongoing authorization for First National Bank to obtain consumer reports at any time during my employment period.

Full Name: _____

Signature: _____

Date Signed: _____

☐ Please check if you would like to receive a copy of the consumer report