

**MERCER COUNTY STATE BANK**

**Job Application Policy Statement**

**Mercer County State Bank will accept applications and resumes at any of our branch locations. Employment applications will be made available upon request and will be kept on file for a period of one year from receipt. This policy would include both solicited and unsolicited applications and resumes.**

**All applications or resumes should be forwarded to Human Resources at the Main Office. At that time they will be stamped “received”, dated and filed for review.**

**As positions become available, applications or resumes will be considered. Interviews may be granted to those who qualify for the available position.**

**Mercer County State Bank provides equal employment and advancement to all individuals. Employment decisions will be based on merit, qualifications and abilities. Mercer County State Bank does not discriminate in employment or practices on the basis of race, religion, sex, national origin, age, disability, or any other characteristic protected by law. Mercer County State Bank will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.**

# Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State ZIP Code  
Telephone # ( ) \_\_\_\_\_ Cellular/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

## Referral Source (Please check the appropriate category and list the source.)

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-in _____           | <input type="checkbox"/> School _____                       |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____                     |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____              |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____                        |

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_ AM  
PM  
 Home  Cellular/Other

May we contact you at work? \_\_\_\_\_  Yes  No

If yes, work number and best time to call:  
( ) \_\_\_\_\_ : \_\_\_\_\_ AM  
PM

If you are under 18 and it is required,  
can you furnish a work permit? \_\_\_\_\_  Yes  No

If no, please explain: \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment  
following an extended military leave of absence  
from this company? .....  Yes  No

If yes, additional information may be requested.

Are you legally eligible for employment  
in this country? .....  Yes  No

Date available for work \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it? .....  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you, are you able to meet the  
attendance requirements of the position? ...  N/A  Yes  No

Will you work overtime if required? .....  Yes  No

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job  
for which you are applying (with or without reasonable  
accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Need more information about the  
job's "essential functions" to respond

Driver's license number required if driving may be required in the  
job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to  
or been convicted of a crime? .....  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or  
other party (such as a noncompetition agreement) that might, in any  
way, restrict your ability to work for our company? .....  Yes  No

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

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>
Why did you leave?	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>
Why did you leave?	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
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Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>
Why did you leave?	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>
Why did you leave?	E-mail:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?.....  Yes  No

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

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

### Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

- |   |  |
|---|--|
| <input type="checkbox"/> Word Processing _____ Years: _____ | <input type="checkbox"/> Internet _____ Years: _____ |
| <input type="checkbox"/> Spreadsheet _____ Years: _____     | <input type="checkbox"/> Other _____ Years: _____    |
| <input type="checkbox"/> Presentation _____ Years: _____    | <input type="checkbox"/> Other _____ Years: _____    |
| <input type="checkbox"/> E-mail _____ Years: _____          | <input type="checkbox"/> Other _____ Years: _____    |

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Social Security Number

SS# \_\_\_\_\_

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

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In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

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

Is there any other job-related information you want us to know about you? \_\_\_\_\_  
\_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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## APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize all past employers and educational institutions to release the information listed below to Mercer County State Bank, its employees, representatives, and agents for use in determining my qualifications for employment.

Please review and verify the following information:

### **Past Employers**

Salary history  
Dates of Employment  
Positions held  
Responsibilities and duties performed  
Reason for leaving  
Eligibility for rehire  
Performance

### **Educational Institutions**

Years of attendance  
Degree obtained  
Transcript

In addition to authorizing the release of the information above, I hereby fully waive any rights or claims I have against Mercer County State Bank, all past employers and educational institutions, and their employees, representatives and agents, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me.

I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

## Job Applicant Self-Identification Form

We are a government contractor subject to all provisions of The Civil Rights Act of 1964, Executive Order 11246 (as amended), The Rehabilitation Act of 1973 (as amended), and The Vietnam Era Veterans' Readjustment Assistant Act of 1974 (as amended). Qualified applicants are considered without regard to race, color, sex, age, religion, national origin, genetic information, pregnancy, disability, or protected veteran status. In order to help us comply with government regulations, we would like you to answer the questions listed below. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** This form will be kept strictly confidential and separate from your Employment Application.

PLEASE PRINT

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Gender: Please check one.

- Male  Female

Race/Ethnicity: Please check one.

- Hispanic or Latino  
 White (Not Hispanic or Latino)  
 Black or African American (Not Hispanic or Latino)  
 Asian (Not Hispanic or Latino)  
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)  
 American Indian or Alaska Native (Not Hispanic or Latino)  
 Two or More Races (Not Hispanic or Latino)

Are you a Protected Veteran? Please check one.

- Yes, I am a Protected Veteran.\*  
 No, I am not a Protected Veteran.

Disability Status: Please check one.

- Yes, I am an individual with a disability.\*\*  
 No, I do not have a disability.  
 I do not wish to answer.

*Continued on Reverse Side*

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### \*Protected Veteran Categories/Definitions

- **Disabled veteran:**
  - a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs for a disability; or
  - a person who was discharged or released from active duty because of a service-connected disability
- **Recently separated veteran:** any veteran during the three-year period beginning on the date of discharge or release from active duty in the U.S. military, ground, naval, or air service
- **Active duty wartime or campaign badge veteran:** any veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense
- **Armed Forces service medal veteran:** any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded, pursuant to Executive Order No. 12985

\*\***Individual with Disability:** any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment

**Job Applicant Self-Identification Form *(continued)***

PLEASE PRINT

**Position(s) applied for:** \_\_\_\_\_

**Referral Source: Please check one.**

- Walk-in
- Employee
- Advertisement – Source \_\_\_\_\_
- Government Employment Agency
- Private Employment Agency
- School
- Relative
- Other \_\_\_\_\_

Name of person who referred you (if applicable) \_\_\_\_\_

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**PLEASE READ CAREFULLY AND SIGN BELOW**

I authorize Mercer County State Bank to investigate my financial and credit record through any consumer reporting agency or bureau of its choice, and further to make an investigation of my personal history including , if any, a record of law enforcement activity, my character and general reputation. I understand that the company, upon my written request, will disclose to me the nature and scope of any credit investigation. If this application is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that the company shall so advise me and provide me with the name and address of the consumer agency making the report.

If I am hired as an employee of Mercer County State Bank, I authorize any of the above named investigations in the future as needed.

\_\_\_\_\_  
Signature of Applicant