



APPLICATION FOR EMPLOYMENT

We appreciate your interest in First Bank. You may complete this application now or return the completed application at a later time.

First Bank is an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or disability, height, weight or any other protected status.

Please complete the entire application and sign the Authorization and Understanding at the end of the application.

PERSONAL:

Name _____ Date of Application: _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

County _____ E-Mail Address _____

Telephone Number (with area code) _____ Cell Number (with area code) _____

Are you 18 years or older? Yes No Are you a U.S. Citizen? Yes No

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

List any other names under which your records may be kept: _____

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 the bank? Yes No

If yes, specify? _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED:

Position(s) applied for: _____ Full Time Part Time

If part time, specify days and hours available: _____

Salary/wage expected: _____ Date available to work: _____

How were you referred? _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT EXPERIENCE

Start with most recent; include your complete employment history and attach additional pages, if necessary.

1	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for leaving			
2	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for leaving			
3	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for leaving			

Are you currently employed? Yes No May we contact your current employer? Yes No

List professional, trade, business or civic activities.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

EDUCATION

EDUCATION	Name/Location	Years Completed	Diploma/Degree	Courses of Study
High School				
College				
Graduate				
Vocational/Training				

Are you attending school now or do you plan on furthering your education? If so, please specify course and time commitment? _____

Do you hold any professional licenses or certifications? Yes No

If yes, please describe: _____

REFERENCES

(Do not include relatives or former employers)

	Name	Address	Phone Number	Relationship
1				
2				
3				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Special/technical training: _____

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes No If yes, where, when and nature of offense _____

Are there any felony charges pending? Yes No If yes, explain _____

Do you have a valid driver's license? Yes No

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

If yes, please describe: _____

Are you currently under investigation by any agency or department concerning any licensure or certification matter?

Yes No If yes, please describe: _____

Have you ever been bonded? Yes No If yes, on what job(s)? _____

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of any application may result in refusal to hire or subject me to discharge at any time during the period of my employment.

If employed, I agree to sign any requested non-compete, non-disclosure and/or non-solicitation agreement. I further agree not to disclose any third party's trade secrets or confidential information to the Bank at any time. I have disclosed to the Bank any similar agreements that I have signed with my present and/or past employers.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the company as they are from time to time changed, and no additional obligations can be imposed on the company except those which have been acknowledged in writing, by the president or his designated representatives.

I agree that any action or suit against the company, its agents or employees, arising out of my employment or termination of employment, including, **but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees.** I further agree that my employment is conditional until such time as the result of my post-offer physical (if such physical is required) or drug screenings are known.

This application for employment shall be considered active for a period of time not to exceed 60 days. If I wish to be considered for employment beyond this time period, I will inquire as to whether or not applications are being accepted at that time.

If any term on 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)