

EMPLOYMENT APPLICATION

The Miners State Bank is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, age, sex, disability, veteran status, height, weight, marital status, genetic information or other legally protected status.

If you have a disability that impairs your ability to be considered, interviewed or tested for a position, please let us know what accommodations you may require. _____

Please complete the entire application and sign the Authorization and Understanding at the end of the application. If there is not enough space on this form to supply all the information necessary to answer a question or supply complete information, please attach additional pages. You may complete the application now or return the completed application at a later time. **You may show this application to any person of your choice.**

Date _____

FOR OFFICE USE ONLY

Name _____

Applicant # _____

Present Address _____

Employee # _____

Telephone Number _____

Hire Date _____

Position _____

Rate _____

Please supply any other names you have used in school or at any previous job. _____

Position applied for _____

Expected pay _____

How were you referred to this Company? _____

Have you ever applied here before or been employed here before? _____

If yes, specify _____

Are any of your friends or relatives employed at this Company? _____

If yes, specify _____

Are you 18 years old or older? _____ If not, do you have proof of eligibility to work? _____

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

EDUCATION

	Name and Address	Did You Graduate?	Course of Study or Degree Conferred
High School			
College			
Other			

Are you presently attending school or do you plan on furthering your education? _____ If so, please specify courses being taken and time commitment: _____

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

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

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

Yes _____ No _____

Note: If you require an accommodation, you must notify us in writing within 182 days after the need for accommodation becomes known.

Have you ever been bonded? ____ If yes, on what jobs? _____

Have you ever been convicted of a crime, excluding routine traffic offenses? _____ If yes, describe in detail.

NOTE: A criminal conviction does not automatically disqualify an applicant from further consideration.

Are there any felony charges pending against you currently? ____ If yes, please describe _____

Do you hold any professional licenses or certifications? _____ If yes, please list and describe _____

Have you ever had a professional license or certification revoked or suspended? ____ If yes, please list and describe:

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

If yes, please describe _____

EMPLOYMENT HISTORY

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

Company Name, Address and Telephone (or Military Branch)	Dates of Employment		Position, Duties & Supervisor	Reasons for Leaving
	To	From		

Are you currently employed? _____ May we contact your current employer? _____

Are you bound by a continuing confidentiality, patent or other restrictive agreement from your current or former employer? Yes _____ No _____ If yes, please explain. _____

PERSONAL REFERENCES
(not former employers or relatives)

Name and Occupation	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

* * * *

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 incomplete, misleading or false statements in this application, a resume or in an interview can result in immediate disqualification or termination, if hired.

I authorize the Company 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 understand that the types of investigations which the Company may perform include reference checks including personal, employment and educational reference checks, and so forth. I understand that I may have to provide further information to assist in these investigations and I may be fingerprinted. I also authorize third parties (such as former employers, financial institutions, educational institutions) contacted by the Company to furnish any information relevant to my application for employment except health and/or disability information and I further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information as authorized. I also waive all written notice from all prior employers related to providing such information.

I have no objection to signing an employee agreement on confidential information. I consent to all medical examinations and drug and alcohol testing which may be required, both during the selection process and throughout employment, if I am later hired.

I understand and agree that if I am hired, employment is "at will" and that either I or the Company 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 Company President/CEO 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 be in writing, addressed to me and signed by the President/CEO and me.

In consideration of my employment, I agree to conform to the rules and policies of the Company. Also, I agree not to begin any action or lawsuit relating directly or indirectly to employment with the Company more than one hundred eighty (180) days after the earlier of: (a) the incident or event giving rise to such action or lawsuit or (b) the date of the termination of such employment (unless there is a shorter applicable statute of limitations, in which case such statute shall apply). I waive any longer statute of limitations to the contrary.

I agree that if hired, all communications and stored information on any computer, telephone or other electronic system supplied or paid for by the Company are the property of the Company. I understand that I will have no expectation of privacy in such communications and information and I consent to Company's retrieval and monitoring of all such communication and information.

This application for employment shall be considered active for sixty (60) days. If I wish to be considered for employment after that time period, I understand that I must inquire at that time whether or not applications are being accepted.

My signature below indicates that I have read and understood the above paragraphs.

Signature

Date: _____