

Application for Employment

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other legally protected status. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____
 Last First Middle

Address _____
 Street City State ZIP Code

Telephone # (____) _____ Cellular/Other # (____) _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?
 Yes No

If no, please explain: _____

Have you ever been employed here before? If yes, give dates and positions: _____ Yes No

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

Will you now or in the future require sponsorship for employment visa status? Yes No

Date available for work ____/____/____ What is your desired salary range?..... \$ _____

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

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

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

A conviction does not automatically mean that you will not be offered a job. The seriousness and nature of the offense, the circumstances surrounding the conviction, the job-relatedness of the conviction, and how long ago the conviction occurred are important considerations. Give all the facts, so that a fair determination may be made. Continue on a separate piece of paper if necessary _____

NOTE: Illinois and Indiana applicants are not required to disclose conviction records that have been sealed or expunged by court order.

Employment History

List **all** employment, cooperative, military or summer work experience since the age of 18, including periods of self employment. **Give past employment as completely as possible, starting with your present or most recent employer. Do not skip or omit any employment, including the information sought on this application. For any period of unemployment or self employment, show dates and explain. If you need additional space, please continue on a separate piece of paper.**

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
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	Compensation (Final)
Why did you leave?	Email:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$
Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
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	Compensation (Final)
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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	Compensation (Final)
Why did you leave?	Email:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$

Have you **ever** been discharged or requested to resign from a job in your employment history? If yes, explain the circumstances. _____

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.)

Word Processing _____ Years: _____ E-mail _____ Years: _____
 Spreadsheet _____ Years: _____ Internet _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____

School (include City & State)	Completed	GPA Class Rank	Major/Minor or Course of Study
	<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"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Diploma <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
			()		
			()		
			()		

Applicant Statement

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You are also hereby authorized to make any investigation of my personal history and financial and credit record either directly or through any investigative or credit agencies or bureaus of your choice.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should complete an additional application.

If employed, I agree to conform to the rules, procedures, and policies of the Bank. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Bank may discharge Employee at any time with or without cause. 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 the President.

I understand that statements contained in policies, practices, handbooks and other Bank materials do not create any contract, express or implied, or guarantees of employment or continued employment. I understand that the Bank has an absolute and unconditional right to modify, amend or terminate policies, practices, benefit plans and other Bank programs as it sees fit.

I understand that any offer of employment will be contingent upon my passing any pre-employment screening procedures required, including but not limited to a post-offer, pre-employment drug screening procedure. By signing this application, I expressly consent to these procedures.

In the event of employment, I hereby certify that the facts set forth in my application for employment are true, accurate, and complete. I understand that the Bank is relying on me to provide true, accurate, and complete information and that any employment decision is based upon these representations. If employed, I understand that false, misleading, or incomplete information, as determined in the Bank's sole discretion, in my application, resume, or interview(s) may result in termination, whenever discovered.

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, citizenship, age, disability, or any other legally 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, age, disability, or any other protected status.

DO NOT SIGN OR TYPE YOUR NAME UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify by signing or typing my name that I have read, and fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____ / ____ / ____

Do not staple or otherwise attach this to the Disclosure and Authorization Form.

This is a separate document.

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

By signing or typing my name I have authorized FOWLER STATE BANK to obtain a consumer report and/or investigative consumer report about me, for employment-related purposes, at any time to the extent allowed by law.

I authorize all corporations, employers, co-workers, references, credit reporting agencies, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to provide information about my background, including but not limited to driving records, court records, workers compensation records, credit report, academic records, professional license record, and employment-related information or records.

I understand that an investigative consumer report is a special type of consumer report that is obtained through interviews and may contain information about my character, general reputation, personal characteristics, and/or mode of living. Upon my written request within a reasonable period of time, a complete disclosure of the nature and scope of that investigation will be made to me in writing within five days of the date on which the request was received.

I agree that this *Applicant Release Regarding Consumer and Investigative Consumer Reports* will be valid, now and at all times in the future, in original, faxed, copied or electronic form.

Information from the consumer report will not be used in violation of any applicable federal, state, or local equal employment opportunity law or regulation.

I acknowledge that I have received a copy of the "*Summary of Your Rights Under the Fair Credit Reporting Act.*"

I understand that my date of birth will be used solely for identification purposes and will not be taken into account in any employment decisions.

First Name _____ Full Middle _____ Last _____

Any other name(s) used _____

Social Security # _____ Date of Birth _____

Position applied for _____

Present Address _____

City/State/Zip Code/County _____

Telephone Number(s) _____ Email Address _____

Previous Cities/States/Zip Codes/Counties of Residence during last 7 years _____

Driver's License # _____ State of Issuance _____

Applicant Signature _____ Date _____

Minnesota and Oklahoma residents only:

Please initial here only if you are requesting a copy of the consumer report prepared on you.

California Residents only: By signing, you acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please initial here if you would like to receive a copy of the consumer report prepared on you at no charge if one is obtained whenever you have a right to receive such a copy under California law. _____

New York residents only: By signing, you acknowledge receipt of Article 23-A of the New York Correction Law.

Texas residents only: If you are denied employment, you will receive a copy of the consumer report and an explanation of the reason for denial, and the name and address of the consumer reporting agency that furnished the information.

EMPLOYER DISCLOSURE AND APPLICANT AUTHORIZATION

FOWLER STATE BANK ("Company") hereby discloses to you that a consumer report, as defined by the Fair Credit Reporting Act, may be obtained for employment purposes by it, its affiliates, representatives, or agents. By signing or typing your name the undersigned hereby authorizes the procurement of the consumer report.

Applicant Signature _____ Date _____

Printed Name: _____