First National Bank Minnesota

Member FDIC

Application for Employment

Thank you for your interest in our organization. We appreciate you taking the time to complete this application.

First National Bank Minnesota prohibits discrimination in employment because of race, color, creed, religion, sex, national origin, age, citizenship, disability, veteran status, or any other protected status under applicable federal, state of other applicable law. This policy govern all areas of employment at the Bank, including recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline, and terminations.

A large print application is available upon request

GENERAL INFORMATION

Name _____

Present Address _____
Street City State Zip

Telephone Number _____ Alternate Phone _____

May we phone you to follow up on this application at home? ☐ Yes ☐ No

If yes, what is the best time to call? _____

Are you 18 years or older? ☐ Yes ☐ No

May we phone you to follow up on this application at work? ☐ Yes ☐ No

If yes, when is the best time? _____ Work Phone _____

Are you legally eligible to work in the United Sates? ☐ Yes ☐ No
(If hired, verification will be required by law.)

EMPLOYMENT DESIRED

Position applied for _____

Do you want to work ☐ Full-time ☐ Part-time ☐ Temporary

Date available to start work _____ Salary Expectations _____

Expected Days/Hours of Availability:

	Mon	Tue	Wed	Thur	Fri	Sat
DAYS:						
HOURS:						

Have you applied for employment with this company within the last 12 months? ☐ Yes ☐ No

Have you ever worked for us before? ☐ Yes ☐ No
If so, please provide your name of record at that time, job title, and dates of employment.

_____

How were you referred to First National Bank Minnesota? _____

It is our policy to make reasonable accommodations for persons with disabilities in the hiring process. If your disability inhibits you at any time during the application process, we will explore ways to provide assistance.

First National Bank Minnesota is an Equal Opportunity Employer

EMPLOYMENT HISTORY

Name of Employer _____ Address _____
Telephone Number _____ Position _____
Dates Employed: From _____ To _____ Name and Title of Supervisor _____
Salary or Hourly Wage _____ _____
Reason for Leaving _____
Brief description of duties and responsibilities:
_____
_____
_____ May we contact this employer? ☐ Yes ☐ No

Name of Employer _____ Address _____
Telephone Number _____ Position _____
Dates Employed: From _____ To _____ Name and Title of Supervisor _____
Salary or Hourly Wage _____ _____
Reason for Leaving _____
Brief description of duties and responsibilities:
_____
_____
_____

Name of Employer _____ Address _____
Telephone Number _____ Position _____
Dates Employed: From _____ To _____ Name and Title of Supervisor _____
Salary or Hourly Wage _____ _____
Reason for Leaving _____
Brief description of duties and responsibilities:
_____
_____
_____

Name of Employer _____ Address _____
Telephone Number _____ Position _____
Dates Employed: From _____ To _____ Name and Title of Supervisor _____
Salary or Hourly Wage _____ _____
Reason for Leaving _____
Brief description of duties and responsibilities:
_____
_____
_____

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EDUCATION

Please complete in full. This information may be verified.

	SCHOOL NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/DEGREE CERTIFICATE
HIGH SCHOOL				
TWO YEAR POST SECONDARY				
COLLEGE				
GRADUATE SCHOOL				
DOCTORAL SCHOOL				

SPECIAL SKILLS AND ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education, or volunteer experiences, etc. Do not include any experiences that would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, veteran status, disability, membership, or activity in a local commission, political affiliation, or age.

_____

_____

_____

_____

REFERENCES

Name _____ Phone _____

Address _____ Occupation _____

Years Known and in What Capacity _____

Name _____ Phone _____

Address _____ Occupation _____

Years Known and in What Capacity _____

Name _____ Phone _____

Address _____ Occupation _____

Years Known and in What Capacity _____

SIGNATURE

Applicant: Please read the following carefully before signing this application.

1. I understand that First National Bank Minnesota's policies and procedures may be modified at any time for any reason with or without notice.
2. I certify that the information given by me on this application and in resume/portfolio is true and accurate in all respects. I understand that the misrepresentation or omission of facts on this application, on my resume, or during any stage of the hiring process will eliminate me from further consideration or it discovered after hire may result in the termination of my employment.
3. I authorize First National Bank Minnesota and its representatives to contact my prior employers, former supervisors, and company personnel, schools, and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties, and compliance with policies. I authorize my prior employers to provide the Bank with any job-related information, personal or otherwise, they may have regarding me. I release all persons or companies from any liability or damages for obtaining or releasing information or verifying statements on this application, resume, and portfolio. I further authorize all employers, schools, and other persons to provide any information or transcripts that may be requested by the Bank which will be used to determine if I am qualified to perform the job duties for which I am applying.
4. I understand that the information contained in the employment application or my being invited to participate in any state of the hiring process is NOT intended to create an employment contract between First National Bank Minnesota and myself. I understand that if I am hired by First National Bank Minnesota, my employment is at will, meaning that either I or the Bank may terminate the employment relationship at any time for any lawful reason with or without notice.
5. I acknowledge that, should First National Bank Minnesota make an offer of employment that during the course of my employment, I may produce and have access to material, its clients and affiliates, including, but not limited to, _____ ("Confidential Information"). Accordingly, I understand that if I am exposed to such Confidential Information that I shall be required to hold in confidence and not directly or indirectly disclose, use, copy or make lists of any such Confidential Information.
6. I understand that if employed, I will comply with all policies, rules and procedures of First National Bank Minnesota.

By signing below, I acknowledge that I have read, understood, and agreed with the above statements.

Signature _____ Date _____

Application Procedure:
First National Bank Minnesota may not interview all applicants for their vacancies. Those applicants to be interviewed will be contacted by First National Bank Minnesota. Applications will be considered active for six months following their submission. If you wish to be further considered after this time, please submit a new application.

Revised 10/2013 CDK CSDesign

Applicant Information for Equal Employment Opportunity Reporting

The purpose of this information is to record the information necessary to comply with Federal Government Equal Employment Opportunity reporting requirements. In accordance with the law:

(1) This bank shall NOT discriminate on the basis of this information nor on the basis of whether or not it is furnished by the applicant.

(2) Disclosure of the requested information is voluntary and shall NOT affect an applicant's employment opportunities with this bank.

(3) This form shall be maintained separately from the applicant's employment application.

If you do not wish to furnish this information, please indicate below:

☐ I DO NOT WISH TO FURNISH THIS INFORMATION

☐ LOCATION WHERE APPLICATION IS BEING COMPLETED

_____Date_____

☐ POSITION APPLIED FOR _____

PLEASE CHECK ALL APPLICABLE LINES:

Ethnic Background:

☐ American Indian

☐ Black

☐ White

☐ Asian/Pacific Islander

☐ Hispanic

☐ Other:_____
(Please specify)

Sex:

☐ Male

☐ Female

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Signature Investigation of My Personal Financial History

You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

I understand that I have the right to make a written request within a reasonable time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature _____ Date _____

Authorization to Investigate Background - Obtain Consumer Reports

I understand that any offer of employment by First National Bank Minnesota is contingent upon a satisfactory background check. I authorize First National Bank Minnesota to thoroughly investigate my background, including but not limited to, by contacting and obtaining information regarding my past employment, education and training, and/or by conducting a criminal background check. I authorize my current or former employers, references, law enforcement or government agencies, and any other persons with information regarding my background to disclose information about me to First National Bank Minnesota without giving me prior notice of such disclosure. Further, I authorize the preparation of any consumer reports and release of any consumer report to First National Bank Minnesota for the purposes of employment decisions. I hereby release First National Bank Minnesota, and all companies, agencies or persons providing information about my background from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

To enable First National Bank Minnesota and/or its agents to investigate my background, I am providing the following information. I understand that this information is not part of my application for employment and will be used only for the purpose of investigating my background. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

Last Name First Name Middle Name

Previous Name(s) Used Dates Used

Current Address City State Zip Code

Prior Address City State Zip Code

Social Security Number Date of Birth[1]

Signature _____ Date _____

_____
Please Print Name

[1]Include "Date of Birth" only if the Credit Reporting Agency requires this information

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