



FARMERS & MERCHANTS UNION BANK
EMPLOYMENT APPLICATION

159 W JAMES STREET
PO BOX 226
COLUMBUS WI 53925

This company is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal, state, or local law.

PLEASE PRINT PLAINLY—BE SURE TO SIGN THIS APPLICATION

Date: _____

Name: _____
Last First Middle

Address _____
No. Street City State Zip

Home Ph: _____ Cell Ph: _____ Business Ph: _____

Email Address: _____

Have you been previously employed by this company? [] Yes [] No

If yes, when? _____ In what capacity? _____

Who referred you to this company: [] Our Advertisement [] Job Service [] Friend/Relative
[] Employment Agency [] No One

EMPLOYMENT DESIRED

Position(s) applied for _____ [] Full time [] Part time

If part time, what days and hours are you available? _____

Date available to start _____ Salary requirement _____

PERSONAL DATA

Are you a United States citizen or do you have an entry permit which allows you to lawfully work in the U.S.?
[] Yes [] No

Are you at least 18 years old? [] Yes [] No

Convictions: Have you ever been convicted of a criminal offense? [] Yes [] No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

Has a surety bond ever been refused to you? Yes No

If yes, indicate when and the surrounding circumstances. _____

EDUCATION

<u>Name and Location of School</u>	<u>No./Years Completed</u>	<u>Did you Graduate</u>	<u>Course of Study</u>	<u>Degree</u>
High School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

List any special skills or qualifications which you feel are relevant to the job for which you are applying:

MILITARY

Branch _____

What were your duties _____

Did you receive any specialized training? Yes No

If yes, describe _____

EMPLOYMENT HISTORY

Have you worked for this employer (or, where applicable, any of our branches, divisions or affiliated operations) in the last seven years? Yes No

If yes, what dates? _____

Please give accurate and complete information. Start with present or most recent employer:

Company Name _____ Telephone No. _____

Address _____ Employed from ____/____/____ to ____/____/____

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Telephone No. _____

Address _____ Employed from ____/____/____ to ____/____/____

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Telephone No. _____

Address _____ Employed from ____/____/____ to ____/____/____

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities _____

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Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Telephone No. _____

Address _____ Employed from ____/____/____ to ____/____/____

Name of Supervisor _____ Hourly Pay: Start _____ Last _____

Position and Responsibilities _____

Reason for Leaving _____

REFERENCES

May we communicate with your present employer? Yes No

List three people (no relatives) you have worked with, that you do not live with and whom we may contact for a reference.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Please read the following statements carefully before you initial and sign your name.

“I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Company. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement. **(Please initial here).** _____

I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company, and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement. **(Please initial here).** _____

If employed, I agree to abide by all of the work and safety rules of the Company. I understand that this Company is committed to maintaining a drug-free workplace. I am aware that the Company may require a drug test as a part of the hiring process. Also, if employed, I realize that the Company conducts post-accident and reasonable suspicion, periodic and/or random drug and/or alcohol testing of its employees. I have read, understand and agree to the above statement. **(Please initial here).** _____

I understand that, as a condition of my consideration for employment with the Farmers & Merchants Union Bank (“Bank”), or as a condition of my continued employment with the Bank, the Bank may obtain a consumer credit report. I hereby authorize and consent to the Bank’s procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Bank will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Bank. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report. **(Please initial here).** _____

I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with this Company, it will be necessary for me to complete a new application form.”

SIGN HERE _____ **DATE** _____