Merchants
BANK

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Name_____Telephone_____
Last First Middle

Current Address_____

Previous Address_____

SS# _____ Are you over 18 years of age? _____

Are you eligible for employment in the US? _____

Have you ever been convicted of a crime? _____ If yes, please explain: _____
_____

Position Desired_____When are you available to work? _____
_____

What special skills do you have which qualify you for the desired position? _____
_____

Professional Background
Employer (most recent)_____
Address_____ Dates of Employment_____
Telephone_____ Supervisor_____
Position_____ Compensation_____
Reason for leaving_____

Employer (previous)_____
Address_____ Dates of Employment_____
Telephone_____ Supervisor_____
Position_____ Compensation_____
Reason for leaving_____

Were you employed by Merchants Bank in the past? _____
Dates_____ Position_____

Education

	School/Address	Course/Major	Graduate Y/N
High School			
College			
Other			

Military Experience

Did you serve in the US Armed Forces? _____ Branch_____ Rank_____

Are you a Vietnam Veteran? _____

References

Name_____ Relationship_____

Address_____ Phone _____

Name_____ Relationship_____

Address_____ Phone _____

Name_____ Relationship_____

Address_____ Phone _____

Merchants Bank is an equal opportunity employer and does not discriminate against employees or applicants because of race, color, religion, gender, creed, age, disability, marital status, national origin, sexual orientation or liability for service in the armed forces of the United States.

The Bank at its own expense arranges for insurability for its employees. Ineligibility is grounds for refusal of employment or termination.

I understand that employment at Merchants Bank is an at will relationship and that employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the employee or the bank.

I certify that the information I have given on this application is true and correct to the best of my knowledge and I understand that any attempt to falsify information is grounds for disqualification from consideration for employment or dismissal from employment.

Signature_____ Date _____

Merchants
BANK

In consideration of this application for employment at Merchants Bank, I understand that an investigation of my background, credit history, and a criminal check may be conducted. This investigation may include a consumer credit report and personal interviews with my former employers, neighbors, friends or others with whom I am acquainted. This inquiry could include information as to my character, general reputation, credit history and prior employment record. I understand the bank will not use information from a consumer credit report that violates federal or state equal opportunity laws.

I understand that I will be advised if any adverse decisions are made based on the background information or credit reports and that I have the right to make a written request within a reasonable period of time to receive information regarding the nature and scope of this investigation.

I authorize Merchants Bank to conduct the background and credit investigations prior to employment and if employed by Merchants Bank on an ongoing basis when deemed appropriate.

Signature_____ Date _____

Name_____

Merchants

BANK

APPLICANT DATA RECORD

We do not discriminate against employees or applicants for employment on the basis of race, color, religion, sex, national origin, age, veteran status, medical condition or handicap/disability, or any other legally protected status.

We comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. **YOUR COOPERATION IS VOLUNTARY**.

PLEASE PRINT Date _____

Position Applied For _____

Name _____ Phone (_____) _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

CONFIDENTIAL INFORMATION

VOLUNTARY SURVEY

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation.

Check One:

☐ Male ☐ Female

Check one of the following Race/Ethnic Groups:

☐ White ☐ Black or African American ☐ Two or more races
☐ Hispanic or Latino ☐ Native Hawaiian or other Pacific Islander ☐ Asian
☐ American Indian/Alaskan Native

If American Indian, check if any of the following are applicable:

☐ Formal member of a particular tribe
☐ Have a membership card issued by the tribe
☐ Have a Certificate of Degree of Indian Blood issued by the Bureau of Indian Affairs
☐ Are considered an American Indian in your community
☐ Used American Indian schools or hospital