



NO. \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

The Bank is an equal opportunity employer and does not discriminate against otherwise qualified individuals on the basis of age, gender, race, religion, color, national origin, disability, marital status, height and weight or any other legally protected status.

You must complete the entire application and sign at the end of the application to be considered for employment, even if you have submitted a resume. If there is not enough space on this form to answer a question fully, please attach additional pages.

Answer all questions carefully and completely.

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

HAVE YOU EVER WORKED FOR THE BANK UNDER A DIFFERENT NAME? YES NO  
IF YES, GIVE NAME \_\_\_\_\_ DATES \_\_\_\_\_

ARE YOU 18 YEARS OLD OR OLDER? YES NO

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? YES NO

DO YOU HAVE ANY RELATIVES WORKING FOR THE BANK? YES NO

IF YES, STATE NAME(S) AND RELATIONSHIP \_\_\_\_\_

\*\*\*\*\*

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

BUS. PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT: \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE AVAILABLE \_\_\_\_/\_\_\_\_/\_\_\_\_

PLACE A CHECK (X) TO INDICATE WHO REFERRED YOU TO THE BANK:

- \_\_\_\_ (AD) Advertisement - Name of Publication \_\_\_\_\_
- \_\_\_\_ (AG) Employment Agency - Name of Agency \_\_\_\_\_
- \_\_\_\_ (CE) Current Employee - Name \_\_\_\_\_
- \_\_\_\_ (FE) Former Employee - Name \_\_\_\_\_
- \_\_\_\_ (SE) Self Referral
- \_\_\_\_ (IN) Internet (MI Works or EMB website)

POSITION DESIRED \_\_\_\_\_

**FOR THIS PAGE, SELECT ALL THAT APPLY**

**TYPE OF EMPLOYMENT DESIRED**

- Regular Full-Time
- Regular Part-Time
- Temporary (i.e. summertime)

**WHERE YOU WANT TO BE CONSIDERED**

- |             |              |   |
|-------------|--------------|---|
| Croswell    | Ruth         | Marysville                                    |
| Deckerville | Port Huron   | Croswell – Loan Office (non-teller)           |
| Lexington   | Sandusky     | Croswell – Administrative Office (non-teller) |
| Lakeport    | Fort Gratiot |   |

SALARY DESIRED \$ \_\_\_\_\_ PER \_\_\_\_\_

**SKILL**

**JOB EXPERIENCE**

- |                     |             |
|---------------------|-------------|
| ACCOUNTING          | _____ YEARS |
| BASIC MATH          | _____ YEARS |
| BOOKKEEPING         | _____ YEARS |
| CALCULATOR (10 KEY) | _____ YEARS |
| CASHIER             | _____ YEARS |
| CLERICAL            | _____ YEARS |
| CUSTOMER SERVICE    | _____ YEARS |
| LOANS               | _____ YEARS |
| MANAGEMENT          | _____ YEARS |
| COMPUTER            | _____ YEARS |
| SPREAD SHEETS       | _____ YEARS |
| SUPERVISORY         | _____ YEARS |
| TELEPHONE           | _____ YEARS |
| TELLER              | _____ YEARS |
| TYPING              | _____ YEARS |
| MICROSOFT OFFICE    | _____ YEARS |

## EDUCATION

High School Name \_\_\_\_\_

City/State \_\_\_\_\_

Number of years completed: 1 2 3 4

Did you graduate? Yes No

Diploma or degree achieved \_\_\_\_\_

College/University \_\_\_\_\_

City/State \_\_\_\_\_

Number of years completed: 1 2 3 4

Did you graduate? Yes No

Diploma or degree achieved \_\_\_\_\_

Current Student? Yes No

If yes, days/hours scheduled \_\_\_\_\_

Other (specify) \_\_\_\_\_

City/State \_\_\_\_\_

Number of years completed: 1 2 3 4

Did you graduate? Yes No

Diploma or degree achieved \_\_\_\_\_

Current Student? Yes No

If yes, days/hours scheduled \_\_\_\_\_

## MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If yes, in what Branch? \_\_\_\_\_

Date entered \_\_\_\_\_

Date discharged \_\_\_\_\_

## PERSONAL REFERENCES

***(No relatives or current/former employers)***

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

City/State \_\_\_\_\_

Years acquainted \_\_\_\_\_

Profession \_\_\_\_\_

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

City/State \_\_\_\_\_

Years acquainted \_\_\_\_\_

Profession \_\_\_\_\_

Name \_\_\_\_\_

Daytime phone \_\_\_\_\_

City/State \_\_\_\_\_

Years acquainted \_\_\_\_\_

Profession \_\_\_\_\_

## EMPLOYMENT

Name of Company \_\_\_\_\_  
City/State \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Job Title \_\_\_\_\_  
Last Weekly Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
May We Contact?      Yes              No

Name of Company \_\_\_\_\_  
City/State \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Job Title \_\_\_\_\_  
Last Weekly Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
May We Contact?      Yes              No

Name of Company \_\_\_\_\_  
City/State \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Job Title \_\_\_\_\_  
Last Weekly Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
May We Contact?      Yes              No

Name of Company \_\_\_\_\_  
City/State \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Job Title \_\_\_\_\_  
Last Weekly Salary \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
May We Contact?      Yes              No

**PLEASE REVIEW THE JOB DESCRIPTION AT THIS TIME**

Job Title of the description reviewed \_\_\_\_\_

**Note to Applicants: DO NOT ANSWER THE NEXT QUESTION UNLESS YOU HAVE REVIEWED THE DESCRIPTION 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**

Do you hold any professional licenses or certifications? If so, please list:

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Have you ever had a professional license or certification revoked or suspended?  
   **Yes**            **No**

If so, please describe:

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Are you currently under investigation by any agency or department concerning any licensure or certification matter?            **Yes**            **No**

If yes, please describe:

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Have you ever been convicted of a crime, excluding routine traffic offenses?            **Yes**            **No**

If yes, please state when, where and nature of offense(s):

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Are there any charges pending against you? \_\_\_\_\_ If yes, please describe:

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Have you ever been bonded?            **Yes**            **No**

If yes, in what job(s)?

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## **AUTHORIZATION and UNDERSTANDING**

### **PLEASE READ BEFORE SIGNING**

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE CONTACT OUR HUMAN RESOURCES DEPARTMENT AT 810-679-2500 BEFORE SIGNING.

1. Due to the nature of the banking/financial industry, complete honesty is an absolute requirement for working at this bank. Since banking work may involve dealing with large sums of money and with confidential information concerning our customers' personal matters, it is necessary that we have employees with integrity and who will maintain the confidentiality that is required in such an environment. Anyone hired who does not abide by the intent of this statement is subject to termination.
2. We appreciate your interest in the bank and your application, but our receipt of it does not imply that you will be offered employment. Any employment we may offer you will be "at-will", i.e. that it will be terminable with or without cause, with or without notice, at any time at the option of either yourself or the bank. This "at-will" relationship can only be modified by a written agreement, which is signed by both yourself and the bank President/CEO.
3. Prior to any offer of employment, and at any time during your employment, the bank may request a conviction-only criminal history check and a credit report. If employed by our bank you will also be fingerprinted. You have the right to request the bank to disclose certain information about those reports, and the name and address of the agency making the reports. Such a request must be made in writing to our Human Resources Department.
4. This application for employment shall be considered active for a period of time not to exceed 60 days. If you wish to be considered for employment beyond this time period, you should inquire as to whether or not applications are being accepted at that time.
5. By signing your name below, you authorize the bank to investigate your qualifications by making inquiry of your references and obtaining information from employers and employer representatives, unless in the employment section of this application you have indicated "no" to contacting an employer. You may have to provide further information to assist in these investigations. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, education institutions, etc.) contacted by the Bank to furnish any information relevant to my application for employment, excluding health and medical history or other information prohibited by law, and further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information.
6. By signing your name below, you agree not to assert any claims or causes of action of any kind against the bank, its agents, its employees, or any individual contacted by the bank, arising out of the bank's investigation of your qualifications and suitability for employment.
7. By signing your name below, you affirm that you have reviewed a description of the job you are applying for that outlined the tasks required for the job.
8. By signing your name below, you acknowledge as an applicant, and if hired as an employee, your obligation to advise the bank of any need for reasonable accommodation within 182 days after you know or should have known of the need, under the amended Michigan Persons with Disabilities Civil Rights Act.
9. By signing your name below, you acknowledge and agree that if hired, you will be bound by the bank's employment policies, practices, procedures, terms and conditions, as they are now and as they are from time-to-time changed with or without notice.

10. By signing your name below, you acknowledge and agree that if hired, not to commence any action, suit or administrative complaint or change arising out of your employment with the bank more than 180 days after the termination of your employment, and waive any statute of limitations or time periods to the contrary, providing that any term found to be unenforceable as written may be enforced as far as legally possible.
11. By signing your name below, you certify all statements made by you on this application, plus any other written and verbal information you provide about yourself (i.e., resume, interview, etc.) are true and complete to the best of your knowledge and that you have withheld nothing that would affect this application unfavorably.
12. By signing your name below, you affirm that you understand that any false misinformation, false statement, or material omission is sufficient grounds for rejection of this application, or subsequent discharge if you are hired.
13. By signing your name below, you acknowledge your understanding that nothing contained in this application or in the interview process implies or is intended to create an employment contract between the bank and you. Should this application result in your employment, you have the right to terminate your employment at anytime and for any reason and the bank retain a similar right. You further understand that no officer, supervisor, manager or other representative of the bank other than the President/CEO, and then only in writing signed by the President/CEO, has the authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing.
14. I hereby acknowledge that, if employed by the bank, this is a continuing consent that will be valid for the entire term of my employment. I further acknowledge that I have read and understand each of the above statements, and that I have signed below voluntarily and prior to any interview or formal meeting with management representatives.

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**Signature**

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**Date**



NO. \_\_\_\_\_

**INFORMATION FOR CONSUMER REPORTS**

I have authorized Eastern Michigan Bank (EMB) to obtain consumer reports about me on a Disclosure and Authorization form. I understand that such reports may be obtained and, in particular, EMB typically obtains consumer credit reports and conviction-only criminal history reports if a candidate reaches the later stages of the selection process.

In order to obtain these reports, the following information is required by the Michigan State Police and the Credit Bureau Services of Michigan, Inc. This form will be kept confidential and will be maintained in a file separate from your application. The information you provide below will be used only to obtain these reports.

I have read this form. I am providing the following information and signing this form voluntarily. I acknowledge that I am signing this form prior to any interview or formal meeting with management representatives.

FULL NAME \_\_\_\_\_

Any other surnames previously used, whether First, Middle or Last Names (including maiden names, married names, and any other surnames):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_





NO. \_\_\_\_\_

## **DISCLOSURE AND AUTHORIZATION**

### **Disclosure**

Eastern Michigan Bank (EMB) hereby discloses that it may obtain a consumer report or an investigative consumer report for purposes of considering my application for employment. If employed, EMB may also obtain the same in the future for purposes of considering the continuance of my employment.

### **Authorization and Consent**

I hereby give my consent and authorization to EMB to secure a consumer report or an investigative consumer report about me. I understand that such reports may be obtained and, in particular, EMB typically obtains consumer credit reports and conviction-only criminal history reports if a candidate reached the later stages of the selection process. If employed, I further understand that this is a continuing consent that will be valid for the entire term of my employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
          First                  Middle                  Last

**Voluntary Self-Identification Form 1**

(Disabled Individuals/Special Disabled Veterans/Other Protected Veterans)

Providing the information requested in this form is voluntary and will assist in maintaining affirmative action programs to promote employment opportunities of disabled individuals, special disabled veterans, and other protected veterans. Such disclosure by you will further enable the Bank to assist you in an appropriate manner concerning your employment. Disclosure or refusal to provide such information will in no way result in adverse treatment. All information regarding your disability will be kept confidential and will be used only in ways consistent with federal reporting requirements, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities and disabled-veteran employees, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if a condition might require emergency treatment; and (iii) government officials engaged in enforcing the Americans with Disabilities Act and laws regulating government contractors may be informed.

**1. VETERAN STATUS**

(See definitions on next pages)

- |   |     |    |
|---|-----|----|
| A. Are you a disabled veteran?                    | Yes | No |
| B. Are you a special disabled veteran?            | Yes | No |
| C. Are you an Armed Forces service medal veteran? | Yes | No |
| D. Are you a Vietnam-era veteran?                 | Yes | No |
| E. Are you a protected veteran?                   | Yes | No |
| F. Are you a recently separated veteran?          | Yes | No |

**2. INDIVIDUALS WITH DISABILITIES**

Are you an individual with a disability which affects a major life activity (seeing, hearing, breathing, walking, performing manual tasks, etc.)?      Yes      No

If you are an individual with a disability, a veteran of the Vietnam era, a disabled veteran, a special disabled veteran, a recently separated veteran, an Armed Forces service medal veteran, or other protected veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.

**The information you submit will be kept confidential**, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities and special disabled veterans and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP or enforcing the Americans with Disabilities Act may be informed.

If you are a disabled veteran, special disabled veteran or an individual with a disability, it would assist us if you tell us about (i) any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

### **Definitions**

**“Disabled veteran”** refers to a person who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary for a disability or who was discharged or released from active duty because of a service-connected disability.

**“Special disabled veteran”** refers to a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 30% or more, or rated at 10% or 20% in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap. The term also refers to a person who was discharged or released from active duty because of a service-connected disability.

**“Armed Forces service medal veteran”** refers to a person who, while serving on active duty in the Armed Forces, participated in a United States Military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**“Veteran of the Vietnam era”** refers to a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or between August 5, 1964 and May 7, 1975 in all other cases. The term also refers to a person who was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or between August 5, 1964, and May 7, 1975 in all other cases.



## OPM Vet Guide (appendix A)

### VetGuide Appendix A: Wars, Campaigns and Expeditions of the Armed Forces Since WW II Which Qualify for Veterans Preference

#### War Service Creditable for Veterans Preference

In the absence of statutory definitions for "war" and "campaign or expedition," OPM considers to be "wars" only those armed conflicts for which a declaration of war was issued by Congress. The title 38, U.S.C., definition of "period of war," which is used in determining benefits administered by the Department of Veterans Affairs, includes the Vietnam Era and other armed conflicts. That title 38 definition is NOT applicable for civil service purposes.

Thus the last "war" for which active duty is qualifying for Veterans preference is World War II. The inclusive dates for World War II service are December 7, 1941, through April 28, 1952.

Non-combat operations that are not qualifying for Veterans preference. Many medals are awarded for non-combat operations. These medals are not a basis for preference and include the following:

- Global War on Terrorism Service Medal for service from September 11, 2001, to date to be determined.
- The Medal of Merit for meritorious service in World War II.
- The Medal of Freedom for meritorious achievements or meritorious service to the United States on or after December 7, 1941, in the war against an enemy outside the continental limits of the United States.
- The Antarctica Service Medal for participating in a scientific, direct support, or exploratory operation on the Antarctic Continent.
- The National Defense Service Medal for honorable service between June 27, 1950 and July 27, 1954 or January 1, 1961 and August 14, 1974; or for the period between August 2, 1990, and November 30, 1995.
- The Armed Forces Service Medal for participation in a United States military operation deemed to be a significant activity for which there was no threat of encounter of foreign armed opposition or imminent threat of hostile action.
- The Armed Forces Reserve Medal for 10 years of honorable service in a Reserve component; or active duty service in a Reserve component on or after August 1, 1990; or volunteer service for active duty on or after August 1, 1990.
- Military Operations Since 1937 for Which a Campaign or Expeditionary Medal Has Been Awarded, Except for Operations Occurring During a Declared War

Military personnel receive many awards and decorations. To help agencies make decisions concerning entitlement to Veterans preference and other benefits, the following list identifies those awards that are campaign and expeditionary medals. **Any Armed Forces expeditionary Medal, whether listed here or not, is qualifying for Veterans preference.** The Department of Defense, not OPM, determines who is entitled to receive a medal, and under what circumstances. The list below is derived from DoD 1348.33-M, Manual of Military Decorations and Awards.

- A DD 214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service are required as verification of eligibility for Veterans preference.
- **Campaigns and Expeditions Which Qualify For Veterans preference Chart**

\*Note: Section 572 of Subtitle G of the Defense Authorization Act of Fiscal Year 1998 (Public Law 105-85), signed into law on November 18, 1997, allows the Secretary of the military department concerned to determine whether individual members who participated in Operation Joint Endeavor or Operation Joint Guard in the Republic of Bosnia and Herzegovina and in such other areas in the region as the Secretary of Defense considers appropriate, meet the individual service requirements for award of the Armed Forces Expeditionary Medal (AFEM). Generally, service members will be considered eligible if they:

\*\*Deployed to Bosnia and Herzegovina (or other area that the Secretary of Defense considers appropriate) in direct support of one or both of the operations; served on board a ship in the Adriatic in direct support of one or both of the operations; or operated in airspace above Bosnia, Herzegovina (or other area that the Secretary of Defense considers appropriate) while the operations were in effect.



NO. \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
          First                  Middle                  Last

**Voluntary Self-Identification Form 2**  
(Gender, Race and Ethnicity)

Eastern Michigan Bank is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Eastern Michigan Bank invites employees to voluntarily self-identify their gender, race, and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**Gender:**                    **[F] Female**                    **[M] Male**

**Race:**

**[A] Asian (Not Hispanic or Latino)**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**[B] Black or African American (Not Hispanic or Latino)**

A person having origins in any of the black racial groups of Africa.

**[H] Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture.

**[I] American Indian or Alaska Native (Not Hispanic or Latino)**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**[W] White (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**[P] Pacific Islander or Native Hawaiian (Not Hispanic or Latino)**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**[T] Two or More Races (Not Hispanic or Latino)**