

An Equal Opportunity Employer: Merchants Bank of Commerce is an equal opportunity employer. We make employment decisions without regard to race, color, religion, gender, sexual orientation, gender identity, gender expression, national origin, citizenship, age, disability, medical condition, veterans' status, or any other basis protected by state, federal, or local law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of Merchants Bank of Commerce.

Employment Application

Please Print

Date: _____

Name: _____

Business Telephone: () _____ Home Telephone: () _____

Home Address: _____
 No. Street City State Zip

Mailing Address: _____
 No. Street City State Zip

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?	Yes	No
Regular part-time work?	Yes	No
Temporary work, e.g. summer or holiday work?	Yes	No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for our company before? Yes No

Do you have any friends or relatives working for Merchants Bank of Commerce? Yes
 No

If yes, state name(s) and relationship(s): _____

Why are you applying for work at Merchants Bank of Commerce?

If hired, would you have reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No
(If under 18, hire is subject to verification that you are of minimum legal age)

If hired can you produce sufficient documentation of your identity and the right to work in the United States, and attest under penalty of perjury that the documents you produce are genuine and relate to you?

Yes No (Proof of eligibility will be required if hired.)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

(Note: Merchants Bank of Commerce complies with federal and state law and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions of the job.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training and Experience

	School Name and Address	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School:			Yes No	
College/ University:			Yes No	
Vocational/ Business:			Yes No	

Do you speak, write, or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications of skills which you feel make you especially suited for work at our company? You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, sexual orientation, ethnicity, religious or political affiliations, disability, medical condition, or any other protected category.

Answer the following questions if you are applying for a professional position.

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

Employment History

List below all present and past employment starting with your most recent employer (last 7 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. (Note: Attach additional pages if necessary)

Name of Employer: _____ _____
Address of Employer _____
Type of Business: _____
Telephone No.: () _____ Your Supervisor's Name: _____
Your Position and Duties: _____ _____
Dates of Employment: From _____ To _____
Reason for Leaving: _____ _____

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Name of Employer: _____

Address of Employer
Type of Business: _____
Telephone No.: (____) _____ Your Supervisor's Name: _____
Your Position and Duties: _____

Dates of Employment: From _____ To _____
Reason for Leaving: _____

Name of Employer: _____

Address of Employer
Type of Business: _____
Telephone No.: (____) _____ Your Supervisor's Name: _____
Your Position and Duties: _____

Dates of Employment: From _____ To _____
Reason for Leaving: _____

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____
Address: _____
Occupation: _____
Telephone No.: (_____) _____ Number of years Acquainted: _____

Name: _____
Address: _____
Occupation: _____
Telephone No.: (_____) _____ Number of years Acquainted: _____

Name: _____
Address: _____
Occupation: _____
Telephone No.: (_____) _____ Number of years Acquainted: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice and with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ I understand that I will be required to submit to a thorough background investigation that may include, without limitation, my credit, criminal, and employment history. Accordingly, I will execute any appropriate releases and authorizations associated with the background investigation. I understand that any offer of employment is conditioned upon the successful completion of the background investigation and the receipt of satisfactory results, regardless of whether I commence providing services for the Employer prior to the receipt of the results. I also understand that failure to fully cooperate in the conduct of the background investigation or failure to receive satisfactory results from the investigation may result in the rescission of any offer of employment.

Date: _____ Applicant's Signature: _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Merchants Bank of Commerce considers applicants and employees for all positions without regard to race, color, national origin, religion, creed, age, sex, sexual orientation, gender identity, marital status, mental or physical disability or status as a Vietnam-era or special disabled veteran.

We are required by law to have an affirmative action plan and are subject to EEO-1 and Veterans Reporting. In an effort to comply with the government requirements regarding recordkeeping and reporting, we ask that you complete this affirmative action data form. The information from this form will only be used by Human Resources to fulfill these requirements and will not be used in any employment decisions.

Completion of this form is voluntary and the information provided will be kept confidential and separate from all other personnel information. You may decline to disclose the requested information by checking the box next to "Check here if you decline to disclose." However, we ask that you still provide your name so that we can ensure all employees have been contacted.

Affirmative Action/EEO-1 Data Form

Applicant Name	Job Title
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Date

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. <input type="checkbox"/> White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, South-east Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> 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. <input type="checkbox"/> Two or more races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.
Veteran Status	<input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Other Veteran <input type="checkbox"/> Not a Veteran

Check here if you decline to disclose