



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

The Bank is an equal opportunity employer and does not discriminate against otherwise qualified individuals based on age, race, color, religion, sex, sexual orientation, gender identity, national origin, marital status, height, weight, protected veteran, individual with a disability 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 thoroughly.

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: _____

EMAIL ADDRESS _____

DATE OF APPLICATION ____/____/____ DATE AVAILABLE ____/____/____

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

- Advertisement - Name of Publication _____
- Employment Agency - Name of Agency _____
- Current Employee - Name _____
- Former Employee - Name _____
- Self Referral
- 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 DO YOU WANT TO BE CONSIDERED

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

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 |

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:

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

If so, please describe:

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

If yes, please describe:

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):

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

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

If yes, in what job(s)?

EMPLOYMENT

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

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 and financial industry, complete honesty is an absolute requirement for working at this Bank. Banking involves dealing with large sums of money and confidential information concerning our customers' matters; we must have employees with integrity who will maintain the confidentiality 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. Receipt of your application does not imply that you will be offered employment. Any employment we offer you will be "at-will," which means 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 signed by you and the Bank's President/CEO.
3. Before 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. You have the right to request the Bank to disclose certain information about those reports, as well as 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 employment application shall be considered active for a period not exceeding 60 days. If you wish to be considered for employment beyond this period, you should inquire whether applications are being accepted.
5. By signing your name below, you authorize the Bank to investigate your qualifications by making inquiries about 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 liability for any 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 outlines the tasks required.
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, you are 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 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 accurate 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 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 any time and for any reason, and the Bank retains 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 or make any agreement contrary to the foregoing.
14. I hereby acknowledge that, if employed by the Bank, this is a continuing consent 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.

Signature

Date



INFORMATION FOR CONSUMER REPORTS

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

To obtain these reports, the following information is required by the Bank's verification company. 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 _____



DISCLOSURE AND AUTHORIZATION

Disclosure

Eastern Michigan Bank hereby discloses that it may obtain a consumer report or an investigative consumer report for purposes of considering my application for employment. If employed, the Bank 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 the Bank to secure a consumer report or an investigative consumer report about me. I understand that such reports may be obtained. The Bank typically obtains consumer credit reports and conviction-only criminal history reports if a candidate reaches 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 for 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 that 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 in the affirmative action program, please tell us. You may inform us of your desire to benefit from the program at this time or 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, a special disabled veteran, or an individual with a disability, it will assist us if you tell us about (i) any special methods, skills, and procedures that 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 the Department of Veterans Affairs has determined to have a serious employment handicap. The term also refers to a person discharged or released from active duty due to 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.

“Other protected veteran” or **“protected veteran”** refers to a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense. It also includes a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.



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. 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: **Female** **Male**

Race:

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.

Black or African American (Not Hispanic or Latino)

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

Hispanic or Latino

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

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 maintains tribal affiliation or community attachment.

White (Not Hispanic or Latino)

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

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.

Two or More Races (Not Hispanic or Latino)