

CLARKSTON STATE BANK



EMPLOYMENT APPLICATION FOR

Date of Application _____

To The Applicant: We appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications, and to determine if such position is available. In the event you are hired, your duties shall include those duties assigned to you from time to time by any officer or supervisor of the organization and you will be expected to assist in all such duties requested.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, height, weight, national origin, age, marital or veteran status, arrest record, the presence of a medical condition or handicap or any other category protected under applicable law.

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (Zip)

Telephone _____ Social Security No. _____

Are you 18 years or older? Yes _____ No _____ Email address: _____

Are you authorized to work in the United States? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____. If yes, date(s) _____

Supervisor Name(s): _____

How were you referred to us? _____

Have you filed an application here before? Yes _____ No _____. If yes, date(s) _____

List any friends, acquaintances or relatives working here: _____

What method of transportation will you use to come to work? _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

EMPLOYMENT DESIRED:

Position(s) applied for: _____

Kind of work sought: Full-time _____ Part-time _____ Temporary/Seasonal _____ Other _____

If Part-time, Temporary/Seasonal or Other, please specify hours and days desired _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? _____

Salary desired: \$ _____ Date available to start work: _____

Michigan law requires employers to make reasonable accommodations to qualified handicapped applicants and employees where the employee makes their need known to the employer, requests accommodation and such accommodation

does not impose an undue hardship on the employer.

With respect to State of Michigan Persons with Disability claims, persons with disabilities and applicants must request an accommodation of their handicap by notifying the Human Resources department in writing of the need for accommodation within 182 days of the date the person with a disability knows or reasonably should know that an accommodation is needed. Failure to properly notify the Human Resources Department will preclude any claim that the employer failed to accommodate the person with a disability under state law; however, this does not waive your rights under the Americans With Disabilities Act of 1990, as amended.

COMPLETE EMPLOYMENT HISTORY (List current or most recent job first; add additional pages if necessary)

Employer	Dates		Work Performed/Achievements
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

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Supervisor			
Reason for Leaving			

EDUCATION

	Name / Location	Years Completed	Diploma / Degree	Courses of Study
High School			Y/N	
College			Year of Degree:	
Graduate			Year of Degree:	
Vocational Training			Year of Degree:	

Any other educational training/licenses/certifications/qualifications: _____

Experience with office/business equipment/systems, etc. (e.g. computers, software programs, copiers): _____

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone Number	Relationship	Years Known
1					
2					
3					

MILITARY SERVICE RECORD (Optional)

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes ____ No ____

If yes, what branch? _____ Rank at discharge _____ Date of discharge _____

Are you in the reserves? Yes ____ No ____ If yes, date obligation ends: _____

Special/technical training: _____

ADDITIONAL INFORMATION

Have you been convicted of a felony or are there any felony charges pending against you? Yes ____ No ____

If so, where, when and nature of offense: _____

Do you have a valid driver's license? Yes ____ No ____ License No. _____ State: _____

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status: _____

State any additional information that you feel may be helpful to us in considering your application: _____

IMPORTANT

Name, address, and telephone number of the person(s) to be notified in the event of accident or emergency:

Full Name	Address	Day/Evening Telephone	Relationship (optional)

[*IMPORTANT-To validate this application, all applicants must read the following and acknowledge the same by signing below.]

AUTHORIZATION AND UNDERSTANDING Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize Clarkston State Bank to verify any information concerning my employment, education, or credit history with the appropriate individuals, companies, institutions or agencies, and to conduct a criminal history background check, and I authorize them to release such information as Clarkston State Bank requires, including any record of disciplinary action, without any obligation to give me written notice of such disclosure. I also authorize Clarkston State Bank and/or its related entities to release any information (excluding medical information) requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release Clarkston State Bank and such other third parties from any liability whatsoever as a result of any such inquiries and disclosures except as prohibited by law. I agree that any false or incomplete information that causes my application to be misleading may subject me to discharge at any time during the period of my employment.

I acknowledge that any offer of employment extended by Clarkston State Bank may be contingent upon the results of a physical examination and drug test satisfactory to Clarkston State Bank in its sole discretion and upon my acceptance of such offer of employment I authorize and consent to such examination and drug test. I understand that the results of such examination and drug test shall be maintained on separate medical forms and in medical files and that such confidential information shall only be disclosed to managers, supervisors, first aid and/or safety personnel regarding necessary restrictions or accommodations with respect to assigned work or for safety and/or medical purposes or to Human Resources Department or the company's legal representatives as required in the ordinary course of business.

I agree that my employment, if hired by Clarkston State Bank and/or its related entities, is "at-will" and either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this policy may only be altered in writing directed to me personally and signed by the President of Clarkston State Bank agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of Clarkston State Bank as they are from time to time implemented, modified or changed, and no additional obligations can be imposed on Clarkston State Bank except those which have been acknowledged in writing, by the President of Clarkston State Bank.

I agree that any action (excluding governmental, statutory administrative proceedings) or suit against Clarkston State Bank and/or its related entities arising out of or related to my application, employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought, if at all, within the shorter of 180 days of the event giving rise to the claim or the applicable statute of limitations, or be forever barred. I waive any limitation periods to the contrary, with the exception being that this agreed to limitations period does not supersede the Federal Equal Employment Opportunity Commission or other applicable statutes or regulations that may extend this period as provided by law. I acknowledge that this 180 day limitation on actions forms an Agreement between myself and Clarkston State Bank and may not be unilaterally modified.

Signature

Date

DO NOT WRITE BELOW THIS LINE