

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meet your qualifications and may assist us in possible future upgrading.

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with this company?

School	Name and Address of School	Course of Study	Circle Last Yr Completed	Did you Graduate?	List Diploma or Degree
Elementary		xxxxxxxxxxx	5 6 7 8	xxxxxxxxxxx	xxxxxxxxxxx
High			1 2 3 4	Yes No	
College			1 2 3 4	Yes No	
Other(Specify)			1 2 3 4	Yes No	

RECORD OF EMPLOYMENT

List All Present and Past Employment, Beginning With Your Most Recent Job

Name, Address, Phone # of Company and Type of Business	From	To	Job Title/ Position	Monthly Starting Salary	Monthly Last Salary	Reason for Leaving	Name of Supervisor

Brief description of your responsibilities

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Indicate Below Your Office Skills and Check Office Machines You Can Operate Efficiently

Adding Machine _____ Calculator _____ Computer _____ Other _____	Speed In Typing _____ Speed In Shorthand _____
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May we contact the employers listed? ☐ Yes ☐ No; if no, indicate which one(s) you do not wish us to contact.

Please list three personal references other than relatives (names, addresses, phones, and e-mails).

Do you have any outside employment? ☐ Yes ☐ No. If yes, how many hours spent on job: _____? Indicate type of employment: ☐ Self ☐ Other. Specify nature of employment: _____.

Have you ever been convicted of any crime involving breach of trust or dishonesty? ☐ Yes ☐ No, if yes,

Explain:

List any relatives or friends	Name	Relationship
Working for this organization	_____	_____

BFSM is proud to be an Equal Opportunity Employer. It is our policy to abide by all Federal, States, and

local laws concerning discrimination in employment. No questions in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

APPLICANT'S CERTIFICATION

Please read carefully before signing

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may result in my discharge.

If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be govern by any expressed or implied contract but is at-will. I also understand and agree that the Bank will take out of my first pay check Police Clearance fee paid by the Bank in the pre-employment check.

I hereby voluntarily consent to and authorize Bank of the FSM and/or its authorized representatives/agents to obtain any information in connection with my application/resume for employment with Bank of the FSM for the following purpose(s):

1. Credit Checks
2. Employment Checks
3. Personal Reference Checks

I authorize all persons who may have information relevant to this research to disclose such information to Bank of the FSM, or its agents, and I hereby release all persons from liability on account of true and accurate disclosure. I hereby further authorize that a photocopy of this authorization be considered as valid. Should there be any questions as to the validity of this release, you may contact me.

I understand that employment with Bank of the FSM is subject to acceptable credit check(s), employment check(s) and clearances.

Note: Any person who has been convicted of any criminal offense involving dishonesty, breach of trust, or money laundering, or has agreed to enter into a pretrial diversion or similar program in connection with a prosecution for such offense, may not become, or continue as, an institution-affiliated party of an insured depository institution; own or control, directly or indirectly, any insured depository institution; or otherwise participate, directly or indirectly, in the conduct of the affairs of any insured depository institution without the prior written consent of the FDIC.

Applicant's Signature

Date

APPLICANT

Do not write below. For interviewer's use

INTERVIEWER	DATE	COMMENTS
SUPV. SIGNATURE		DEPARTMENT/BRANCH COMMENTS

FOR HUMAN RESOURCE USE ONLY

Employed for _____ Title _____

Department/Branch

Monthly Salary _____

Hire Date _____

Approved By: _____ Title: _____

Date _____

Date applicant notified of non-selection: _____ Signature: _____ Date: _____

Rev. 1/07/15