**Instructions:** It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

Name			Phone (	)
Address		MIDDLE	1110110	
STREET Position applied for			CITY	STATE ZIP CODE
Social Security #				
Shift preferred $\Box 1 \Box 2 \Box 3$	Any			
Expected pay				
Would you accept full-time work?	☐ Yes ☐ No			
Would you accept part-time work?	Yes No			
On what date would you be available f	for work?			
Have you ever been employed here?	No	☐ Yes		
If yes, please give dates				
If you are under 18 years old, can you	provide a work per	rmit if required?	□ No	
Are you legally eligible for employment	nt in the United Sta	ates? 🗌 No 🗋 Yes (If ye	es, proof is required	if hired.)
Are you able to perform the essential to This question is not designed to elicit of a disability, particular accommodat extent permitted by law.	information about	an applicant's disability. Please	do not provide info	rmation about the existence
Yes No Need more inform	nation about the jo	b's "essential functions" to respo	ond.	
Explain any gaps in your employment	, other than those	due to personal illness, injury o	or disability.	
Have you ever been fired or asked to r	esign from a job?	□ No □ Yes		
If yes, please explain				
Special Training or Skills				
Languages, machine operation, etc., th	nat would be of ber	nefit in the job for which you ar	e applying.	

### **Employment Experience**

### Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

Employer						
Contact Name						
Address				Phone (	)	
Job Title		Supervisor	r			
Dates employed: from (mm/yy)/	to (mm/yy)/		Hourly rate/salary:	starting	_/final	/
Work performed						
Reason for leaving						
Employer						
Contact Name						
Address				Phone (	)	
Job Title		Supervisor	r			
Dates employed: from (mm/yy)/	to (mm/yy)/		Hourly rate/salary:	starting	_/final	
Work performed						
Reason for leaving						
Employer						
Contact Name						
Address				Phone (	)	
Job Title		Supervisor	r			
Dates employed: from (mm/yy)/	to (mm/yy)/		Hourly rate/salary:	starting	_/final	/
Work performed						
Reason for leaving						
Employer						
Contact Name				,		
Address				Phone (	)	
Job Title		Supervisor	r			
Dates employed: from (mm/yy)/	to (mm/yy)/	, 	Hourly rate/salary:	starting	_/final	/
Work performed						

#### **Educational Background**

High School:	Location			
Course of study	Did you graduate? 🗌 Yes 🔲 No Degree or diploma			
College:	Location			
Course of study	Did you graduate? 🗌 Yes 🔲 No Degree or diploma			
Graduate School:	Location			
Course of study	Did you graduate? 🛛 Yes 🗍 No Degree or diploma			
Vocational Training/Other:	Location			
Course of study	Did you graduate? 🗌 Yes 🔲 No Degree or diploma			
Continuing Education				

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

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AD	DIIC	ants	sign	ature
P			0-5-	

\_ Date \_\_\_\_/

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## MCS BANK

# Consent to Background and Reference Check

Applicant Name:	
• •	

Current Address:	

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

I hereby authorize MCS Bank and/or its agents to investigate my background, references, character, past employment, consumer reports, education and criminal history record, which may be in any state or local files including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my application and/or obtaining other information that may be material to my qualifications for employment.

I hereby consent to MCS Bank's verification of all the information I have provided on my application form. I also agree to execute, as a condition of employment or a condition of continued employment, any additional written authorization necessary for MCS Bank to obtain access to and copies of records pertaining to this verification. I also hereby authorize MCS Bank's access to any medical histories or records pertaining to me (and to any other individuals who, due to my employment, may be covered by MCS Bank's medical or other insurance programs).

With regard to the foregoing, I hereby agree to release any person, company or other entity from any and all causes of action that otherwise may arise from supplying MCS Bank with information it requests pursuant to this consent. I understand that any false answers or misrepresentations by omission made by me on this application or any related documents will be sufficient for rejection of my application or for my immediate dismissal should such falsifications or misrepresentations be discovered after my employment.

A telephone facsimile (fax), electronic scan or photocopy of this consent shall be considered as valid as the original consent.

Applicant Signature

Date