

Monarch Community Bank is an equal opportunity employer and does not discriminate on the basis of age, sex, race, religion, color, national origin, disability, marital status, veteran status, height, weight or other legally protected status.

If you have a disability that impairs your ability to be considered, interviewed or tested for a position, please let us know what accommodations you may require.

**Please complete the entire application and sign the Authorization and Understanding at the end of the application. If there is not enough space on this form to supply all the information necessary to answer a question or supply complete information, please attach additional pages.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Present Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Please supply any other names you have used in school or at any previous job:

\_\_\_\_\_

Position applied for: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ If part time, specify days and hours available: \_\_\_\_\_  
Starting salary expected: \_\_\_\_\_

How were you referred to this financial institution: \_\_\_\_\_

Have you ever applied here before or been employed here before \_\_\_\_\_  
If yes, specify \_\_\_\_\_

Are any of your friends or relatives employed at this financial institution \_\_\_\_\_  
If yes, specify \_\_\_\_\_

Are you 18 years old or older \_\_\_\_\_ If not, do you have proof of eligibility to work \_\_\_\_\_

### EDUCATION

	Name and Address	Did you Graduate	Course of Study or Degree Conferred
High School	_____ _____		
College	_____ _____		
Other	_____ _____		

Are you presently attending school or do you plan on furthering your education? If so, please specify course and time commitment: \_\_\_\_\_

What experiences, skills, or qualifications do you feel would qualify you for work with our organization?

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Note to Applicants: *DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:*

Are you able to perform, with or without accommodations, the functions of the job for which you have applied:

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ If yes, on what jobs? \_\_\_\_\_

Have you ever been convicted of a crime, excluding routine traffic offenses? \_\_\_\_\_ If yes, describe in detail: \_\_\_\_\_

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Are there any criminal charges pending against you currently? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

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Do you hold any professional licenses or certifications? \_\_\_\_\_

If so, please list and describe: \_\_\_\_\_

Have you ever had a professional license or certification revoked or suspended? \_\_\_\_\_

If so, please list and describe \_\_\_\_\_

Are you currently under investigation by any agency or department concerning any licensure or certification matter? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

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## EMPLOYMENT HISTORY

Start with the most recent; include your entire employment history and military service; attached additional pages, if necessary.

Company Name, Address and Telephone	Dates of Employment To - From	Positions Duties & Supervisor	Reason for Leaving
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<hr/>			
<hr/>			

Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

## PERSONAL REFERENCES (Not former employers or relatives)

<hr/>	
Name and Occupation	
<hr/>	
Address	Telephone Number
<hr/>	
Name and Occupation	
<hr/>	
Address	Telephone Number
<hr/>	
Name and Occupation	
<hr/>	
Address	Telephone Number

## **Authorization and Understanding**

I represent that the answers and information given by me in this application are true and complete. I understand that any incomplete, misleading or false statements in this application or in an interview can result in immediate disqualification or termination, if hired.

I authorize the Bank to verify the information I have provided and to make any investigation of my background deemed necessary, both at the time of application and later during my employment, if I am hired. I understand that the types of investigations, which the Bank may perform, include reference checks (personal, employment, educational, etc.), criminal record check, and so forth. I understand that I may have to provide further information to assist in these investigations and I may be fingerprinted. I also authorize third parties (such as former employers, financial institutions, educational institutions) contacted by the Bank to furnish any information relevant to my application for employment and I further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information.

I have no objection to signing an employment agreement on confidential information. I consent to all medical examinations and drug and alcohol testing required by the Bank, both during the selection process and throughout employment, if I am later hired.

I understand and agree that employment with the Bank is at will and that either I or the Bank can terminate my employment and compensation, with or without cause, and with or without notice, at any time I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings which contradict an at will status of employment are canceled. Further, I understand that only the President has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the President and me.

In consideration of my employment, I agree to conform to the rules and policies of the Bank. Also, I agree not to begin any action or suit relating to employment with the Bank more than nine months after the date of termination of such employment and I waive any statute of limitations to the contrary.

This application for employment shall be considered active for 90 days. If I wish to be considered for employment after that time period, I understand that I must inquire at that time whether or not applications are being accepted.

My signature below indicates that I have read and understood the above paragraphs.

**Signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

# VOLUNTARY SELF-IDENTIFICATION SURVEY FOR AFFIRMATIVE ACTION PLANS

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please Print)

As an employer, this financial institution complies with various laws and regulations concerning equal employment opportunity and affirmative action plans.

Executive order 11246, the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, require affirmative action in the employment and advancement of women, minorities, qualified individuals with disabilities, qualified special disabled veterans and veterans of the Vietnam era.

**Submission of this information by you is voluntary and is kept confidential.** Please be assured that you are free to decline to answer this survey.

1. **GENDER:** \_\_\_\_\_ Male \_\_\_\_\_ Female

2. **EEO CLASSIFICATION (RACE – See definitions on next page)**

Mark only one:

\_\_\_\_\_ White (Not of Hispanic Origin)

\_\_\_\_\_ Black (Not of Hispanic Origin)

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ American Indian or Alaskan Native (Need not be of “full blood”)

3. **DISABLED OR VIETNAM – ERA VETERANS (See definitions on next page )**

A. Are you a “special disabled veteran”? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Are you a “Vietnam – era veteran”? \_\_\_\_\_ Yes \_\_\_\_\_ No

Note: If you are a special disabled veteran or an individual with a disability, it would assist us if you tell us about (1) any special methods, skills, and procedures which 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 if an offer of employment is made: (2) 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 non essential duties of the job, provision of personal assistance services or other accommodations.

4. **INDIVIDUALS WITH DISABILITIES**

Are you an individual with a disability which affects a major life activity (such as seeing, hearing, breathing, walking, performing manual tasks, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **DEFINITIONS**

**WHITE** (Not of Hispanic Origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**BLACK** (Not of Hispanic Origin) - All persons having origins in any of the Black racial groups of Africa.

**HISPANIC** (Regardless of race) - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

**ASIAN OR PACIFIC ISLANDER** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**AMERICAN INDIAN OR ALASKAN NATIVE** - All persons having origins in any of the original peoples of North American, and who maintained cultural identification through tribal affiliation or community recognition.

**“SPECIAL DISABLED VETERAN”** - refers to a veteran who is entitled to compensation from Veterans Administration for a disability rated at 30% or more, or rated at 10% or 20% in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap. The term also refers to a person who was discharged or released from active duty because of a service-connected disability.

**“VETERAN FOR 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 with other than dishonorable discharge, if any part of such active duty occurred in the republic of Vietnam between February 28, 1961, and May 7, 1975 or any active duty between August 5, 1964 and May 7, 1975. 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 any active duty between August 5, 1964, and May 7, 1975.

**This disclosure is being provided to you under the Federal Fair Credit Reporting Act (“FCRA”), 15 U.S.C. §1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C. Under the FCRA and its implementing regulations, the employer is required to make a clear and conspicuous written disclosure to you that it may obtain a consumer report and/or an investigative consumer report on you from a national consumer reporting agency.**

**A consumer report or an investigative consumer report may include information regarding your character, general reputation, personal characteristics, police record, employment history, qualifications, mode of living, education, motor vehicle record, and/or credit and indebtedness.**

**Either of these reports may be obtained at any time during the application process or your employment with the employer. Information contained in such report may be considered by the employer in making decisions about your prospective or continued employment with the employer.**

**Upon a timely request, the employer will provide you with a complete and accurate disclosure of the nature and scope of the information requested, as well as the name, address, and telephone number of the reporting agency within five days after the employer’s receipt of the request or five days after the report is ordered, whichever is later.**

Prior to any adverse employment action being taken based in whole or in part on a consumer report (or investigative consumer report), the employer will provide you with a copy of the report (and the name, address, and telephone number of the reporting agency) and a written description of your rights under the FCRA.

I, the undersigned Applicant/Employee, acknowledge that I received this Disclosure of Intention to Obtain Consumer Credit Report for Employment Purposes.

\_\_\_\_\_  
Applicant’s/Employee’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s/Employee’s printed name

**Authorization for Release of Consumer Report/Investigative Consumer Report  
for Employment Purposes**

**In connection with my application for employment or appointment of an officer title, I, the undersigned Applicant/Employee, understand that Monarch Community Bank may obtain a consumer report or an investigative consumer report which may include information regarding my character, general reputation, personal characteristics, police record, employment history, qualifications, mode of living, education, motor vehicle record, and/or credit and indebtedness. In addition, Monarch Community Bank may also obtain information regarding my past activities from federal, state, local, and/or other agencies which contain my past activities.**

I hereby authorize without reservation any and all parties or agencies contacted by **Monarch Community Bank** to furnish the aforementioned information, so that my employment qualifications may be evaluated. I further authorize **Monarch Community Bank** to procure the aforementioned information at anytime during my employment or contract, and that a fax or photocopy of this authorization (with my signature) will suffice as the original. I acknowledge that **Monarch Community Bank** has made a full and complete disclosure of its intention to obtain such reports on me as required by law.

\_\_\_\_\_  
Applicant's/Employee's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's/Employee's printed name

\_\_\_\_\_  
Applicant's/Employee's Social Security Number

\_\_\_\_\_  
Applicant's/Employee's Address

\_\_\_\_\_  
Applicant's/Employee's Driver's License Number (and State)