



STURGIS BANK & TRUST COMPANY

Sturgis Bank & Trust Company is an equal opportunity employer and offers equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Application Date ___/___/___ Position(s) applying for _____

How did you find out about this position? _____

Applicant Information

First Name _____ Middle Name _____ Last Name _____

Street Address _____ Social Security Number ____-____-____

City/State/Zip _____ Telephone Number (____) _____

Cell Phone Number (____) _____

Are you a U. S. Citizen? If not, are you legally authorized to work in the U. S.? Yes _____ No _____
(Proof of U. S. citizenship or immigration status is required if hired.)

Are you at least 18 years old? Yes _____ No _____ If you are under the age of 18 years, can you furnish a work permit? Yes _____ No _____

Employment Information

Are you seeking full time, part time, or temporary employment? _____

Are you willing to work Overtime? _____ Weekends? _____ Holidays? _____

On what date would you be available to start work? _____

Days and Hours of availability:

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>From</i>							
<i>To</i>							

What salary or rate of pay do you expect to receive if employed? _____

Have you or any of your friends or relatives ever worked for Sturgis Bank & Trust Company?
Yes _____ No _____ If so, who? _____

Have you ever been discharged or asked to resign from any position? Yes _____ No _____

If yes, please describe: _____

Have you ever been convicted of a felony? (A conviction does not necessarily disqualify you)

Yes _____ No _____

If yes, explain: _____

Education

Educational Facility and Dates Attended	Name and Location of School	Course of Study, Major and/ or Minor	Number of Years Completed	Diploma or Degree Obtained
<i>High School</i> From: _____ To: _____	Name _____ Location _____	_____ _____	_____ _____	_____ _____
<i>College/University</i> From: _____ To: _____	Name _____ Location _____	_____ _____	_____ _____	_____ _____
<i>Graduate</i> From: _____ To: _____	Name _____ Location _____	_____ _____	_____ _____	_____ _____
<i>Vocational</i> From: _____ To: _____	Name _____ Location _____	_____ _____	_____ _____	_____ _____

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

Work History

Please begin with most recent employer. Do not exclude any employment. Include any temporary employment, attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Sturgis Bank & Trust Company.

1. Company _____ Phone Number (____) _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties: _____

Reason for leaving: _____

2. Company _____ Phone Number (____) _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties: _____

Reason for leaving: _____

3. Company _____ Phone Number (____) _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties: _____

Reason for leaving: _____

4. Company _____ Phone Number (____) _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties: _____

Reason for leaving: _____

May we contact the employers listed above? _____ If not, list the employers you do not wish us to contact and why:

Please list three persons, who are not related to you or previous supervisors, who can provide professional references.

1. Name: _____ Phone Number: _____ Relationship/ Occupation: _____ Years known: _____

2. Name: _____ Phone Number: _____ Relationship/ Occupation: _____ Years known: _____

3. Name: _____ Phone Number: _____ Relationship/ Occupation: _____ Years known: _____

Applicant Acknowledgement and Authorization

PLEASE READ CAREFULLY BEFORE SIGNING*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Sturgis Bank & Trust Company that such employment with Sturgis Bank & Trust Company is at will, for no specified duration and may be terminated by either Sturgis Bank & Trust Company or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Sturgis Bank & Trust Company or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Sturgis Bank & Trust Company except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Sturgis Bank & Trust Company.

In consideration for employment with Sturgis Bank & Trust Company, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Sturgis Bank & Trust Company and/ or any of its representatives, agents, vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of individual completing this form if other than applicant:

STURGIS BANK & TRUST COMPANY IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

Affirmative Action Form

As an employer/Government contractor, we comply with Government regulations and affirmative action responsibilities. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or late advancement in employment.

This data is for periodic Government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date_____

Position(s) Applied for: _____ Sex: ____ Male____ Female____

Race/Ethnicity:

1. ____White (Persons have origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes Irish, German, Italian, Lebanese, Near Easterner, Arab, and Polish.)
2. ____Black or African American (Persons having origins in any of the Black racial groups of Africa. It includes African American, Afro American, Nigerian, and Haitian.)
3. ____Hispanic or Latino (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, *regardless of race*.)
4. ____Asian (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. It includes Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, Burmese, Hmong, Pakistani, Thai, and Other Asian.)
5. ____American Indian or Alaska Native (Persons having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment. It includes principle or enrolled tribes, such as Rosebud Sioux, Chippewa, or Navajo.)
6. ____Unspecified
7. ____Native Hawaiian or other Pacific Islander (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes Native Hawaiian, Guamanian, Chamorro, Samoan, Tahitian, Mariana Islander, Chuukese, or Other Pacific Islander.)
8. ____Two or More Races

____Veteran (If yes, check here if you are a Vietnam Era Veteran (served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and were discharged with other than a dishonorable discharge))

Please identify how you learned about an employment opportunity with Sturgis Bank & Trust Company.

____Newspaper ad ____Employee Referral ____State Employment Service
____Recruiter ____Temporary Service ____Tech School/College Placement
____Other



Employment Screening Services

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Sturgis Bank & Trust Company requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed, conduct a verification of my education, employment history, three (3) years of drug, alcohol and accident history from all Department of Transportation (DOT) – regulated employers, credit history, and motor vehicle records. In addition this company may contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements

I authorize CBCInnovis Employment Screening Services and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company's employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Associates with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, CBCInnovis Employment Screening Services, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

Please provide all requested information and provide addresses for the last seven- (7) years

(Applicant's Name, Printed - Last, First Middle) (Maiden or Other Name(s) Used)

(Current Address - Street, City, State, Zip) (How Long)

(Previous Address - City, State, Zip) (How Long)

(Previous Address - City, State, Zip) (How Long)

(Social Security Number) (Date of Birth - for confirmation of ID only)

(Name - exactly as it appears on Driver's License) (Drivers License Number) (State)

[] Yes [] No
(Authorization to contact present employer for reference) (Signature) (Date)

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING: PLEASE CONTACT:	
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051