

APPLICATION FOR EMPLOYMENT

FARMERS-MERCHANTS BANK & TRUST COMPANY

Email to HR@fmbanking.com

Date of application _____

Last Name First Name Middle Initial

Number Street City State Zip Code

Telephone Number(s) Social Security Number

Have you previously submitted an application with our bank? Yes No

If yes, approximate date _____

Are you presently employed? Yes No

If yes, why do you wish to change jobs? _____

If employed by us, would you have transportation to bring you to/from work? Yes No

Drivers License No. _____ State _____

Are you 18 years of age or older? Yes No

Are you a U.S. Citizen? Yes No

Have you ever been convicted of a felony? Yes No

(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT)

If yes, please give details _____

Are you interested in a: Full Time Position or Part Time Position

Please provide a description as to the reason (s) for your interest in our bank and/or a banking career.

EDUCATION

HIGH SCHOOL

Name: _____

City/State: _____

Year Graduated: _____

In what courses did you specialize: _____

COLLEGE

Name: _____

City/State: _____

Year Graduated: _____

Major Field of Study: _____

Business Courses Taken: _____

OTHER

Name: _____

City/State: _____

Year Graduated: _____

Major Field of Study: _____

Business Courses Taken: _____

EMPLOYMENT EXPERIENCE

(SHOW LAST POSITION FIRST)
(ATTACH ADDITIONAL PAGES IF NEEDED)

EMPLOYER	DATE EMPLOYED
	FROM TO
ADDRESS	YOUR TITLE (POSITION)
TELEPHONE NUMBER(S)	MONTHLY EARNINGS
NAME OF PERSON TO WHOM YOU REPORTED	HIS / HER TITLE
NATURE OF WORK	REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER?	IF NO, WHY NOT?

EMPLOYER	DATE EMPLOYED
	FROM TO
ADDRESS	YOUR TITLE (POSITION)
TELEPHONE NUMBER(S)	MONTHLY EARNINGS
NAME OF PERSON TO WHOM YOU REPORTED	HIS / HER TITLE
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MAY WE CONTACT THIS EMPLOYER?	IF NO, WHY NOT?

SKILLS & TRAINING

place a check in the appropriate box(es)

[] Typing/Keyboarding: Average words per minute _____

[] Computer Training: If checked, what type of training? _____

[] Filing

[] Adding Machine: If checked, do you have ten (10) key skills? _____

ADDITIONAL INFORMATION

Please provide any information that may be helpful to us in considering your application:

REFERENCES

Do not refer to previous employers or relatives

Name	Address	Telephone Number (s)

I certify that all information in this application is true, correct, and complete. I understand that any misrepresentation or omission of fact made by me in the completion of this application will be sufficient cause to disqualify me for employment or, if employed, will be sufficient cause for termination.

I authorize you to investigate and confirm all statements made herein. I further authorize you to contact my former employers and named references to inquire about my skills, employment record, character, general reputation, personal characteristics and other pertinent matters. I authorize my former employers and named references to release this information to you.

Signature: _____

Date: _____

PLEASE EMAIL THIS DOCUMENT TO HR@fmbanking.com.