

EMPLOYMENT APPLICATION

Western Bank 201 N. Central Ave. PO Box 16050 Duluth, MN 55816-0050 218-723-5100

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the applicant and/or interview process should notify a representative of the Human Resource Department.

Position(s) applied for: _____ Date of application: _____

Name: _____ Social Security Number: _____
First Last MI

Address: _____
Street City State Zip Code

Telephone Numbers: _____
Day Evening Cell

Are you 18 years of age or older? _____ Yes No

Have you ever been employed here before? _____ Yes No If yes, dates of employment: _____

Date available for work: _____ Salary Desired: \$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you been convicted of a felony or misdemeanor within the last 5 years? _____ Yes No

* You will not be denied employment solely because of a conviction record, unless the offence is related to the job for which you have applied.

How were you referred to this company: Agency News Paper Friend (who) _____ Other: _____

EMPLOYMENT HISTORY

Name and address of employer: _____

Starting Date: _____ Leaving Date: _____ Reason for leaving: _____
Month/Year Month/Year

Starting Salary: \$ _____ Per _____ Ending Salary: \$ _____ Per _____

Supervisor's Name: _____ Phone Number: _____ May we contact? Yes No

Job Title: _____ Duties: _____

Name and address of employer: _____

Starting Date: _____ Leaving Date: _____ Reason for leaving: _____
Month/Year Month/Year

Starting Salary: \$ _____ Per _____ Ending Salary: \$ _____ Per _____

Supervisor's Name: _____ Phone Number: _____ May we contact? Yes No

Job Title: _____ Duties: _____

Name and address of employer: _____

Starting Date: _____ Leaving Date: _____ Reason for leaving: _____
Month/Year Month/Year

Starting Salary: \$ _____ Per _____ Ending Salary: \$ _____ Per _____

Supervisor's Name: _____ Phone Number: _____ May we contact? Yes No

Job Title: _____ Duties: _____

An Equal Opportunity Employer

Skills & Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

School (include City & State)	Years Completed	Level of Completion	Course of Study

References

Name	Title	Relationship	Telephone	Years Known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

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, resume 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 such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for 90 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 to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause or prior notice, and the employer reserves the same rights to terminate by employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or defined duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the forgoing expressed language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regards.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT!

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____

**Authorization For Background/Reference Check
Please Read Carefully And Sign Below:**

I authorize WesternBank N. A. to obtain information regarding my credit worthiness, standing, or capacity, character, general reputation, personal characteristics, mode of living, or convictions check from any outside source that regularly provides such information. I understand that information from such a report may be used by WesternBank N.A. in making a decision regarding my employment. I authorize the agency receiving such a request to give full and complete information as may be requested by WesternBank BN.A. I further agree that the information requested will not become a part of my personnel file if I am employed by the Bank. I understand that I will be given information on how to obtain a copy of my credit report along with a summary of my rights as a consumer in the event an adverse decision has been made affecting my employment if the decision is based upon information obtained in my consumer credit report.

**Information You Provide Below Will Be Used
To Access Your Consumer Credit Report
And to perform a Background Check**

Please Complete The Following Information:

Last Name:	First Name:	Middle Initial:
Address:		Social Security:
City:	State:	Zip Code:

I authorize the above Background/Reference and Credit Check:

Signature:	Date:
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