

## **Employment Application**

Northern Interstate Bank, N.A. is an equal opportunity employer and does not discriminate on the basis of age, sex, sexual orientation, gender identity, race, religion, color, national origin, disability, marital 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. In addition, please sign the Permission to Obtain Consumer Reports Form. 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.

Date	Email Address:	
Name		
Address	City	Zip
Telephone Number		
Are you legally authorized	to work in the United States? Yes	No
State any other names you	have used in school or at a previous job: _	
Position applied for		
	Full Time Part Time	_
Starting salary expecte	d	
How were you referred	d to Northern Interstate Bank?	
Have you ever applied	here before or been employed here before	?
If yes, please specify_		
Are any of your friend	s or relatives employed here?	
If yes, please specify_		
Are you 18 years old o	r older?If not, do you have proof of	eligibility to work?



## **EDUCATION**

Name & Address	Years Attended?	Did you graduate?	Course of Study
High			
School			
College			
Other	_		
Are you presently attending scho	ol or do you plan on fui	thering your education	? YesNo
If so, please specify course and ti	me commitment.		
What experiences, skills or quali our organization?  Note to applicants: DO NO	T answer this question	unless you have beer	
requirements of the job for Are you able to perform, wit which you have applied?			ctions of the job for
Yes		No	
Have you ever been bonded?	If yes, on what	jobs?	
Have you ever been convicted of routine traffic offenses, but inclu		-	-
If yes, describe in detail:			
Are there any felony charges pen			
If yes, please describe:			



Do you hold any profession	al licenses or certi	fications? Yes No	_
Please list & describe:			
Have you ever had a profes	sional license or co	ertification revoked or suspended	1? Yes No
If so, please list & describe			
Are you currently under inv	restigation by any a	agency or department concerning	g any licensure or
Certification matter? Yes_	No If so, p	olease describe	
	EMPLOYN	MENT HISTORY	
Start with most recent; in additional pages, if necess		employment history and milit	ary service; attach
Company Name, Address & Phone Number	Dates of Employment To From	Position, Duties And Supervisor	Reasons for Leaving
Are you currently employed	1? May we	e contact your current employer?	
PERSONA: Name & Occupation	L REFERENCES Address	S (Not former employers or relation Te	ives) lephone 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 Northern Interstate 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 credit history reports and criminal record reports. I understand that I may have to provide further information to assist in these investigations and I may be fingerprinted. I understand that I have the right to request certain information about the nature and scope of the report as the name and address of the agency making the report. I also authorize third parties (such as former employers, law enforcement organizations, 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 also waive all written notice from all prior employers related to providing such information.

I have no objection to signing an employee 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 the Bank or I 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 six months after the date of the employment action at issue 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 should 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		
Date		



## **Disclosure and Authorization**

**Disclosure:** Northern Interstate Bank hereby discloses that it may obtain a consumer report or an investigative consumer report on applicants for purposes of considering applications for employment.

Authorization: I,	, hereby authorize obtain a consumer report or an investigative consumer report about
Date	Signature of Applicant
	Social Security #
	Date of Birth