

American Bank of the North

EMPLOYMENT APPLICATION

Mesaba Bancshares (the "Company") is an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. EOE F/M/Disabled/Veteran

PERSONAL INFORMATION

Job Applied For	Phone	Date
Name (Last Name) (First) (MI)	Social Security No.	
Address City	State	Zip

DESIRED EMPLOYMENT

What position or type of work are you seeking?	If Hired, When Will You Be Available to Start?	Salary Desired
Are You Employed Now?	If so, May We Inquire of Your Present Employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
Ever Applied to This Company Before?	Where?	When?
Ever Worked for This Company Before?	Where?	When?
Are You Interested In: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	What Days and Hours are you willing to work?	Can you work Overtime if so needed? <input type="checkbox"/> yes <input type="checkbox"/> no
Who referred you to this company? <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Walk in <input type="checkbox"/> Other	<input type="checkbox"/> Employment Agency <input type="checkbox"/> State Employment Office	<input type="checkbox"/> Friend <input type="checkbox"/> College Placement Service

EDUCATION

School Level	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
College				
Trade, Business or Correspondence School				

FORMER EMPLOYERS

List Below Last Three Employers, Starting with the Most Recent One First.

Name of Present or Last employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May We Contact Your Supervisor	<input type="checkbox"/> yes <input type="checkbox"/> no
Name of Supervisor	Title	Phone	
Description of Work			
Reason for Leaving			

List Below Last Three Employers, Starting with the Most Recent One First.

Name of Present or Last employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May We Contact Your Supervisor	<input type="checkbox"/> yes <input type="checkbox"/> no
Name of Supervisor	Title	Phone	
Description of Work			
Reason for Leaving			

List Below Last Three Employers, Starting with the Most Recent One First.

Name of Present or Last employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May We Contact Your Supervisor	<input type="checkbox"/> yes <input type="checkbox"/> no
Name of Supervisor	Title	Phone	
Description of Work			
Reason for Leaving			

SPECIALIZED SKILLS *Check Skills/Equipment Operated*

<input type="checkbox"/> Word for Windows	<input type="checkbox"/> WordPerfect	<input type="checkbox"/> Desktop Publishing
<input type="checkbox"/> Excel	<input type="checkbox"/> Lotus 1-2-3	<input type="checkbox"/> Other _____
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> 10-key	

REFERENCES

Name	Address	Phone	Years Acquainted

GENERAL

Describe any job related specialized training, apprenticeship, skills, and extra-curricular activities:
List any job-related professional or technical organizations to which you belong:

May we contact your current employer for references?	<input type="checkbox"/> Yes <input type="checkbox"/> no
Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> no
Is there any reason you may not be able, as is required by the company, to attend work on a regular basis or be to work on time?	<input type="checkbox"/> yes <input type="checkbox"/> no
Can you, if employed, submit verification of your legal right to work in the United States?	<input type="checkbox"/> yes <input type="checkbox"/> no

Certification & Authorization

"I certify that the facts contained in this application and any accompanying resume are true and complete. I understand that any falsification, omission, misrepresentation or concealment of information on this application or resume may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that the company shall not be liable in any respect if my employment is so denied or terminated.

I authorize investigation and verification of all statements contained herein and the references and former employers and employees to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to include credit history, education, employment verification, personal references and criminal records. I release the company from all liability for any damage that may result from receiving and/or using such information.

I hereby understand and acknowledge that, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause or notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that this application any employee manuals or handbooks that may be distributed to me shall not be construed or relied upon as a contract."

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.
I hereby acknowledge that I have read and agree to the above statements.

Signature of Applicant _____
Date