

NORTHWOOD - MASON CITY-FOREST CITY-TITONKA-THOMPSON

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE PLEASE COMPLETE PAGES 1-4

		D	ate:		
Name:					
Last	Fir	rst	MI	Maiden	
Address:					
	Street	City	State	Zip Code	
		Email Address:			
Telephone:		If under 18,	please list age:		
Destion applied for (1)		Davis /h a			
•••••••			Days/hours available to work:		
Salary desired (2)	Per hour	No Pref		Thurs	
(Be specific)	Per week	Mon		Fri	
		Tues		Sat	
	au work wookby?	Wed		Sun	
How many hours can y	ou work weekly?	Can y	ou work nights	ſ	
Employment desired: When available to wor	Full-time Only	Part-time Only	Full or	Part-time	
Type of School	Name of School	Location - complete mailing address	No. of Years completed	Major or Degree	
High School		0			
College					
Bus. Or Trade School					
Γ					
Professional					
Γ					
• • •	of conviction(s), natu	ME? No re of offense(s) leading ;) imposed, and type(s) o	•		



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Do you have a driver's What is your means of	license? Yes I transportation to work?	No	
Driver's license no.	Stat	e issued	Expiration date
	Operator Comme lents during the past three years ing violations during the past thr		Chauffeur How many? How many?
Please list two reference	es other than relatives or previo	ous employers.	
Name		Name	
Position		Position	
Company		Company	
Address		Address	
Telephone			
	ļ	MILITARY	
Have you ever been in	the Armed Forces?	Yes	No
Are you now a member	r of the National Guard?	Yes	Νο
Specialty	Date Entered		Discharge Date
		or the past five	years beginning with your most recent job held.

If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer	Employment Dates	Pay or Salary
Address	From	Start
City, State, Zip Code	То	Final
Phone Number		
Name of Supervisor	_Job Title	
Reason for leaving (be specific)		
List of jobs you held, duties performed, skills used or learned, adva	incements or promotions	while you worked at this
company.		



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Address	-	_Start _Final 	/ou worked at this
Phone Number	Job Title		γou worked at this
Name of Supervisor Reason for leaving (be specific) List of jobs you held, duties performed, skills used or learned, adva company. Name of Employer Address City, State, Zip Code Phone Number Name of Supervisor	ncements or promotions	while	/ou worked at this
Reason for leaving (be specific) List of jobs you held, duties performed, skills used or learned, adva company. Name of Employer Address City, State, Zip Code Phone Number Name of Supervisor	ncements or promotions	while	γou worked at this
List of jobs you held, duties performed, skills used or learned, adva company	-	while	γou worked at this
company	-	while	you worked at this
company Name of Employer Address City, State, Zip Code Phone Number Name of Supervisor	-	while	you worked at this
Name of Employer Address City, State, Zip Code Phone Number Name of Supervisor			
Address City, State, Zip Code Phone Number Name of Supervisor			
Address City, State, Zip Code Phone Number Name of Supervisor			
Address City, State, Zip Code Phone Number Name of Supervisor			
City, State, Zip Code Phone Number Name of Supervisor	Employment Dates		Pay or Salary
Phone Number Name of Supervisor	From	Start	
Phone Number Name of Supervisor	То	Final	
		_	
	Job Title		
	_		
List of jobs you held, duties performed, skills used or learned, adva	ncements or promotions	while	you worked at this
company.			
Name of Employer	Employment Dates		Pay or Salary
Address	From	Start	
City, State, Zip Code	To	- Final	
Phone Number		-	
Name of Supervisor	Job Title		
Reason for leaving (be specific)	_		
List of jobs you held, duties performed, skills used or learned, adva	ncements or promotions	while	you worked at this
company.			

May we contact your present employer?

Yes	No
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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by NSB, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plans, policy statements, and the like as they may exist from time to time, or other NSB practices, shall serve to create an actual or implied contract of employment, or to confer any rights to remain an employee of <u>NSB Banks</u> or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/CEO of NSB. Both the undersigned and NSB Bank may end the employment relationship at any time, without specified notice or reason. If employed, I understand that NSB may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give NSB permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release NSB from any liability as a result of such contract.

I also understand that (1) NSB Bank has a drug & alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment: and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of employment application, that NSB may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with NSB shall be probationary for a period of ninety (90) days, and further that any time during the probationary period or thereafter, my employment relation with NSB is terminable at will for any reason by either party.

Signature of Applicant	Date	
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NSB Bank is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with NSB depends solely on your qualifications.

Thank you for completing this application form and for your interest in NSB Bank.