

## POLICY STATEMENT

Farmers & Merchants Bank is an Equal Opportunity, Affirmative Action Employer. We do not discriminate against applicants or employees on the basis of race, creed, color, religion, national origin, ancestry, disability, medical condition, veteran status, age, sex, or marital status, or any other basis made unlawful by Federal, State, or local law or regulations. Please contact the Director of Human Resources if you have any questions or complaints regarding this policy. Successful completion of credit check is a condition of employment. Offers of employment may be conditioned on the results of reference and credit checks. The Bank, at its sole expense, provides all checks. Those candidates who accept such offers will also be required to complete the required new hire paperwork. Individuals who do not successfully complete any condition associated with the employment offer may have their offer of employment withdrawn or, if hired, their employment terminated. Furthermore, any misrepresentation, falsification or omission of information in an employment application or any other document during the hiring process may result in the denial of employment, or if hired, may result in immediate dismissal regardless of the time elapsed before discovery.

DATE / /	NAME (First, Middle, Last)
ADDRESS (Number, Street, City, State, Zip Code)	AREA CODE - PHONE NUMBER

**NOTICE:** New employees are required to provide verification of their legal right to work in the United States. If you are offered employment, you will be required to provide sufficient documentation of your identity and right to work in the United States and to attest under penalty of perjury that the documents you have provided are genuine and related to you.

- Are you over age 18? ..... Yes No  
*(Work permit required after employment for minors)*
- Are you currently awaiting trial for any criminal offense? ..... Yes No
- Have you ever initiated an act of violence in the workplace? ..... Yes No
- Have you ever been convicted of a felony or of any crime for which you served a jail or prison sentence? ..... Yes No  
*(Omit reference to convictions under Health and Safety Code sections 11357(a) or (b), 11360(c), 11364, 11365, or 11550 related to marijuana which occurred two or more years ago and any post-trial diversion program.)*
- Have you ever consented to enter into a pre-trial diversion or similar program in connection with a prosecution for a criminal offense involving dishonesty or breach of trust? ..... Yes No  
*(NOTE: Federal Law (29 U.S.C. § 1829) may prohibit your employment with a Financial Institution if your answer is yes to the above questions. A "yes" answer to any of the above questions will not necessarily disqualify you. Please explain any "yes" answer so that individual circumstances can be considered.)*

POSITION APPLYING FOR	REFERRED BY
FULL-TIME • <i>Hours Preferred</i> PART-TIME • <i>Specify Hours/Days</i>	SALARY EXPECTED?      WHEN CAN YOU START? / /

## EDUCATION / PROFESSIONAL BACKGROUND

HIGH SCHOOL	City	State	GRADUATED HIGH SCHOOL?		YEAR GRADUATED
			Yes	No	
COLLEGE	City	State	DEGREE / MAJOR	DATES (MM/YY) From: To:	YEAR GRADUATED
				From: To:	
OTHER				From: To:	
				From: To:	
				From: To:	

## WORK HISTORY

SUMMARIZE ACQUIRED SKILLS, QUALIFICATIONS AND TALENTS.

List the *last five* positions you have held beginning with the most recent. If you do not have enough space, you may attach an additional page. Accuracy of dates and addresses is essential. (Please advise of any employer you do not want us to contact.)

EMPLOYER NAME	EMPLOYER ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	SUPERVISOR PHONE	OK TO CONTACT?	DATES (MM/YY)
			Yes    No	From:    To:
JOB TITLE & DESCRIPTION OF DUTIES	REASON FOR LEAVING	SALARY		
		Beginning:    End:		

EMPLOYER NAME	EMPLOYER ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	SUPERVISOR PHONE	OK TO CONTACT?	DATES (MM/YY)
			Yes    No	From:    To:
JOB TITLE & DESCRIPTION OF DUTIES	REASON FOR LEAVING	SALARY		
		Beginning:    End:		

EMPLOYER NAME	EMPLOYER ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	SUPERVISOR PHONE	OK TO CONTACT?	DATES (MM/YY)
			Yes    No	From:    To:
JOB TITLE & DESCRIPTION OF DUTIES	REASON FOR LEAVING	SALARY		
		Beginning:    End:		

EMPLOYER NAME	EMPLOYER ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	SUPERVISOR PHONE	OK TO CONTACT?	DATES (MM/YY)
			Yes    No	From:    To:
JOB TITLE & DESCRIPTION OF DUTIES	REASON FOR LEAVING	SALARY		
		Beginning:    End:		

EMPLOYER NAME	EMPLOYER ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE OF SUPERVISOR	SUPERVISOR PHONE	OK TO CONTACT?	DATES (MM/YY)
			Yes    No	From:    To:
JOB TITLE & DESCRIPTION OF DUTIES	REASON FOR LEAVING	SALARY		
		Beginning:    End:		

## REFERENCES

Give names of *three* persons who are not relatives or former employees

NAME	ADDRESS	CITY	STATE	ZIP
PROFESSION			PHONE	

NAME	ADDRESS	CITY	STATE	ZIP
PROFESSION			PHONE	

NAME	ADDRESS	CITY	STATE	ZIP
PROFESSION			PHONE	

Please read the following statements, initial, or sign and date in each space as appropriate.

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate dismissal or removal of my application from consideration. I authorize Farmers & Merchants Bank of Central California to secure information about my experience, releasing all parties from any liability arising therefrom.

***For electronic initial simply type your initials into the initial text, check confirm initial and then date.***

INITIAL \_\_\_\_\_ **CONFIRM INITIAL**      DATE      /      /

I understand that Farmers & Merchants Bank of Central California may not lawfully employ individuals with certain criminal records. If I am offered employment by Farmers & Merchants Bank of Central California, I agree to submit fingerprints to be used to conduct a criminal background check on me. I also understand and agree that the fingerprints I submit will be delivered to a local, State, or Federal law enforcement agency for the purpose of obtaining information as to the existence and nature of any criminal record on me involving the commission of the criminal offenses of robbery, burglary, theft, embezzlement, fraud, forgery, bookmaking, receiving stolen property, counterfeiting or involving checks or credit cards or using computers, or any criminal records involving felony conviction.

***For electronic initial simply type your initials into the initial text, check confirm initial and then date.***

INITIAL \_\_\_\_\_ **CONFIRM INITIAL**      DATE      /      /

If I am employed by Farmers & Merchants Bank of Central California, I agree to conform to the rules and regulations of Farmers & Merchants Bank of Central California. I also understand and agree that, except for the arbitration agreement and employment at-will status, my wages, hours, working conditions, job assignment(s) and compensation rate(s) are subject to change by Farmers & Merchants Bank of Central California. I understand that my employment can be terminated, with or without cause and with or without notice, at any time at the option of Farmers & Merchants of Central California or myself. I understand that, other than the President of Farmers & Merchants Bank of Central California, no manager, supervisor or representative of Farmers & Merchants Bank of Central California has the authority to enter into any agreement for employment for any special period of time, or make any agreement contrary to the foregoing and then only in writing.

***For electronic initial simply type your initials into the initial text, check confirm initial and then date.***

INITIAL \_\_\_\_\_ **CONFIRM INITIAL**      DATE      /      /

# AUTHORIZATION AND RELEASE

I, \_\_\_\_\_,  
Name

Born in \_\_\_\_\_,  
City State

having applied for employment or promotion with Farmers & Merchants Bank of Central California, do hereby consent to have an investigation made by the Bank as to my employment qualification and fitness.

I also authorize and request every person, firm, company, governmental agency or school having control of any records or other information pertaining to me, to furnish the Bank any such information, including records and/or to permit the Bank to inspect and make copies of such records. I understand that records and other information, and/or the contents thereof, shall not be a basis for any suit by me or on my behalf.

As an inducement to the Bank to investigate and reach a determination regarding my employment qualifications and fitness, I hereby release, discharge and exonerate the Bank, its agents and representatives, and any person or entity furnishing oral reports, documents, records or other information, including but not limited to information or documents which may be untrue, defamatory, misleading or damaging in any way, from any and all liability of any nature arising out of any such investigation, or out of there furnishing, inspection or use of such reports, documents, records and other information.

***The Bank requires that you certify your application by submitting an electronic signature. Simply type your name into the Electronic signature text field and then check "confirm signature"***

SIGNATURE \_\_\_\_\_ CONFIRM SIGNATURE DATE / /

**Please note:**

You should not rely upon a contingent offer of employment from Farmers & Merchants Bank of Central California or otherwise engage in any activity based upon a contingent offer of employment. Unless or until a final offer of employment is made, you should not take any action which could result in financial loss if a contingent offer is withdrawn, such as giving notice of intent to terminate current employment, selling real estate or incurring any other costs associated with accepting employment with Farmers & Merchants Bank of Central California. No such activity should be undertaken until after you have been informed by the Bank that the employment offer is final.

My signature below also certifies that I agree to the employment at-will relationship and agree to be bound by the terms and conditions of employment stated in this application, including arbitration of disputes as set forth above, if I am employed by Farmers & Merchants Bank of Central California. This application contains all the understandings and agreements between me and Farmers & Merchants Bank of Central California concerning the nature of my employment, if any, by Farmers & Merchants Bank of Central California and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, expressed or implied, between me and Farmers & Merchants Bank of Central California. I understand and agree that no person who is either an agent or employee of Farmers & Merchants Bank of Central California may modify, delete, vary, or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

***The Bank requires that you certify your application by submitting an electronic signature. Simply type your name into the Electronic signature text field and then check "confirm signature"***

SIGNATURE \_\_\_\_\_ CONFIRM SIGNATURE DATE / /

Farmers & Merchants Bank of Central California accepts employment applications only for open, advertised positions. An application is considered only for the specific position for which it was received and is not maintained thereafter for consideration toward future job openings. Please submit a separate employment application for each position of interest.

FIRST NAME		MIDDLE NAME		LAST NAME	
ADDRESS			CITY	STATE	ZIP

No offer of employment at Farmers & Merchants Bank of Central California is final until a credit report and the results of any pre-employment test have been evaluated by the Bank. Any offer of employment is contingent until the Bank determines that a prospective employee meets its requirements.

I \_\_\_\_\_ hereby authorize Farmers & Merchants of Central California to request a credit report from a consumer credit reporting agency to be used for employment purposes in connection with my application for the position of \_\_\_\_\_ and for no other purposes.

I understand that, pursuant to state and federal laws regarding the use of a consumer credit report for employment purposes, should any adverse action be taken by Farmers & Merchants Bank of Central California with regard to evaluation of my qualifications and/or consideration of my application for employment based in whole or in part on information contained in the consumer credit report obtained by the Bank, I will be informed that such action was taken and will be provided with a copy of the consumer credit report, given the name and address of the consumer credit reporting agency which supplied the report and provided with a summary of my rights under the Fair Credit Reporting Act.

I understand that the credit reporting agency used is EXPERIAN, P.O. Box 2002, Allen, TX 75013-0036 (1-888-397-3742), and I will receive a copy of the credit report if I mark this box.

*The Bank requires that you certify your application by submitting an electronic signature.  
Simply type your name into the Signature box and then check "Confirm Signature"*

SIGNATURE \_\_\_\_\_

**CONFIRM SIGNATURE**

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE            /            /

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Applicant marked above box requesting a copy of the credit report. A copy of the report was mailed of given to the applicant on:

INITIAL \_\_\_\_\_ **CONFIRM INITIAL**      DATE            /            /

If employment was denied wholly or partly because of information contained in the credit report, indicate so by showing the date the applicant was informed of this fact and was provided with the following:

**Date and Initial**

1. Mailed Standard Letter (PER 046): INITIAL \_\_\_\_\_ **CONFIRM INITIAL**      DATE            /            /

2. Mailed a copy of applicant's consumer credit report: INITIAL \_\_\_\_\_ **CONFIRM INITIAL**      DATE            /            /

3. Mailed "A Summary of Your Rights Under the Fair Credit Reporting Act" document (PER 047): INITIAL \_\_\_\_\_ **CONFIRM INITIAL**      DATE            /            /

If offered a position of employment you will be required to sign additional documents, including but not limited to the following as a term of your employment:

- Terminal Security and Confidential Information Acknowledgement
- Confidential Personal Data Form
- Mutual Binding Arbitration Agreement
- Computer Adherence Policy
- Internet Access Agreement

*The Bank requires that you certify your application by submitting an electronic signature.  
Simply type your name into the Signature box and then check "Confirm Signature"*

SIGNATURE

CONFIRM SIGNATURE

DATE

/

/

## AFFIRMATIVE ACTION • SELF IDENTIFICATION FOR PROTECTED VETERANS AND INDIVIDUALS WITH DISABILITY

Our company is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Completion of information below is voluntary.

### APPLICANT INFORMATION

NAME \_\_\_\_\_

Please indicate your ethnicity or race by selecting one option below. If you are Hispanic, please select the Hispanic category. If you are not Hispanic, please select one of the other categories:

Hispanic or Latino	A person Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
American Indian or Alaska Native, Not Hispanic or Latino	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian, Not Hispanic or Latino	A person having origins in any of the original peoples of the Far East. Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American, Not Hispanic or Latino	A person having origins in any of the black racial groups of Africa.
Native Hawaiian or other Pacific Islander, Not Hispanic or Latino	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White, Not Hispanic or Latino	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Two or more Races, Not Hispanic or Latino	All persons who identify with more than one of the above races.

I prefer not to answer

WHAT IS YOUR GENDER?

Female

Male

I prefer not to answer

REFERRAL SOURCE:

Walk-in

State Employment Office

Private Employment Agency

Employee

Relative

School:

Advertisement Source:

Other:

Please note, you may be covered under more than one category below. Please answer every question.

**Armed Forces Service Medal Veteran:** A veteran who, while serving on active duty in the U.S. military, ground, naval, or air service participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Red. 1209).

**Are you an Armed Forces Service Medal Veteran?** Yes No

**Other Protected Veteran:** A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

**Are you an Other Protected Veteran?** Yes No

**Recently Separated Veteran:** A veteran whose discharge or release dates from active duty in the U.S. military, ground, naval, or air service was no more than three (3) years prior to the date he/she completed this form.

**Are you an Recently Separated Veteran?** Yes No

If you are a Recently Separated Veteran, please provide discharge date: / /

**Disabled Veteran:** A disabled veteran means (1) a veteran of the U.S. military, ground, naval, or air service participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg, 1209).

**Are you a Disabled Veteran?** Yes No

**Disabled Individual:** A disabled individual under Federal Law means any person who (1) has a physical or mental impairment that substantially limits one or more major life activity: (2) has a record of such impairment: or (3) is regarded as having an such an impairment. (ADA Amendments Act of 2008(P.L110-325). In California you are considered disabled if you have a condition affecting you which limits one or more major life activities, i.e. the condition or disability limits (makes more difficult) your ability to engage in a major life activity such as breathing, seeing, walking, caring for yourself, working, social activities, reading, eating, digesting, hearing, speaking, etc. Disabilities can be physical or mental such as development disorders, organic brain syndrome, emotional or mental illness, or specific learning disabilities that limits a major life activity. They can be the result of items that are apparent to the eye such as being wheelchair bound, using a cane, being disfigured, having an amputated body part, or they can be subtle, not readily apparent such as heart problems, depression, anxiety, gastrointestinal difficulties, sleep apnea, etc. To be considered a disabling condition, generally a disability or limitation must be, or be perceived as, long-standing or permanent.

**Are you a Disabled Individual?** Yes No

**Do you have any limitations due to your disability that may affect your ability to satisfactorily perform the essential duties of your current position?** Yes No

If YES, Please explain:

**Are there any accommodations we could make that would enable you to perform the job properly and safely?** Yes No

*The Bank requires that you certify your application by submitting an electronic signature.  
Simply type your name into the Signature box and then check "Confirm Signature"*

SIGNATURE

CONFIRM SIGNATURE

DATE

/

/

Once form is completely done, click