



ATTN: Human Resources
Post Office Box 120
Queenstown, MD 21658

TEL 410-827-8881
FAX 410-827-0003
jvera@queenstownbank.com
ttaylor@queenstownbank.com

Application for Employment

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

QUEENSTOWN BANK OF MAYRLAND is an Affirmative Action/Equal Opportunity Employer and does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, physical handicap, covered veteran status, or on the basis of age against persons whose age is over forty. No question on this application is intended to secure information to be used for such discrimination.

Please answer every question. Please write legibly or print.

PERSONAL

Last	First Name	Middle Initial	Date
Present Address	City	State	Zip Code
Phone Number	Social Security Number		

Have you applied for work with us before? Yes No Date: _____

Have you ever worked for us? Yes No When and in what capacity? _____

Was it under a different name? Yes No If yes, in what name? _____

Position or type of work for which you are applying: _____ Full Time Part Time

If requesting part time, specify daytime or evening hours when you would be available: _____

Salary desired: \$ _____ Location Preference: _____ Date Available: _____

Are you able to perform the essential functions of the position you are applying for? Explain. _____

How were you referred to us?

- Advertisement
- Self-Initiated
- State Employment Agency
- Employment Agency
- Community Agency
- School
- Employee Referral
- Other _____

In order to be employed by the Bank, you must be legally eligible for employment under Department of Justice regulations. Proof of eligibility will be required upon employment. Can you meet this requirement? Yes No

Do you have a relative working for us? If yes, give the employee's name and relationship: _____

EMPLOYMENT

(List in order - last or present employer first. Include part-time jobs, summer or volunteer work, self-employment and periods of military service.)

Present position title: _____ Date of employment: _____

Name of employer: _____

Employer address: _____ Phone: (____) _____
Street City State Zip Code

Name and title of immediate supervisor: _____

May we contact at this time? Yes No Salary: _____

Description of responsibilities (include number of people supervised): _____

Why would you consider leaving? _____

Position title: _____ Date of employment: _____

Name of employer: _____

Employer address: _____ Phone: (____) _____
Street City State Zip Code

Name and title of immediate supervisor: _____

May we contact at this time? Yes No Salary: _____

Description of responsibilities (include number of people supervised): _____

Why would you consider leaving? _____

Position title: _____ Date of employment: _____

Name of employer: _____

Employer address: _____ Phone: (____) _____
Street City State Zip Code

Name and title of immediate supervisor: _____

May we contact at this time? Yes No Salary: _____

Description of responsibilities (include number of people supervised): _____

Why would you consider leaving? _____

Did you work for any of the above employers under a different name? Yes No

If yes, what name? _____ Which employers are affected? _____

Briefly summarize activities and supply dates for periods of time not accounted for above: _____

SPECIFIC SKILLS Check skills you have or equipment you can operate:

- | | | |
|---|--|--|
| <input type="checkbox"/> Keyboard (_____ wpm) | <input type="checkbox"/> Counting Currency | <input type="checkbox"/> Business Math |
| <input type="checkbox"/> Teller Terminal | <input type="checkbox"/> Copier | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Telephone Switchboard | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Key-Punch | <input type="checkbox"/> Filing | <input type="checkbox"/> Computer Software _____ |
| <input type="checkbox"/> Proof Machine | <input type="checkbox"/> Encoder | _____ |
| <input type="checkbox"/> Microfilm | <input type="checkbox"/> Reader-Sorter | _____ |

If the position you are applying for requires driving, do you have a valid driver's license? Yes No

EDUCATION

Name	Location (City, State)	Major course or subject	Circle last year completed	If graduated, month, year & type of degree	Credit hours completed
High School or Preparatory			1 2 3 4		
Business School/Vo-Tech/Other			1 2 3 4		
College			1 2 3 4		
College			1 2 3 4		
Graduate Work			1 2 3 4		

Are you planning to pursue further studies? Yes No Where? _____ Day Night

What courses are you planning on taking? _____

CAREER OBJECTIVES Please enter your career objectives: _____

AFFILIATIONS/MEMBERSHIPS/ETC. List professional organizations, memberships, and activities excluding any which indicate the race, religion, sex or national origin of their members: _____

REFERENCES List three persons (not relatives, former employers or fellow employees) whom you have known for at least one year.

NAME	ADDRESS	PHONE NUMBER (if known)
_____	_____	_____
_____	_____	_____
_____	_____	_____

DECLARATIONS

Have you ever been convicted of any criminal offense involving dishonesty or breach of trust?

Yes No If yes, please explain. _____

Have you been convicted of any crime in the last five (5) years?

Yes No If yes, please explain. _____

Have you ever been denied a surety bond?

Yes No If yes, please explain. _____

PLEASE READ BEFORE SIGNING

I hereby certify that information on this application is accurate and complete to the best of my knowledge, and subject to verification by **QUEENSTOWN BANK OF MARYLAND**. I understand that in the event of my subsequent employment:

- I will be required to complete this application and other employment forms and documents and that any omission or misrepresentation of facts called for may be cause for immediate dismissal,
- I may be required to submit to a physical exam as a condition of continued employment.

I understand that this application will remain in **QUEENSTOWN BANK OF MARYLAND**'s active files no longer than 180 days, after which time I must re-apply to be considered for further openings.

I understand that this application and other matters connected with my application do not constitute a contract, express or implied, with the Bank, and that any employment with the Bank is at will, and may be terminated at any time, with or without notice, and with or without cause.

SIGNATURE

DATE

INVESTIGATIVE REPORTS

I understand that in examining my qualifications, it may be necessary to verify details of my employment and personal history. Investigative reports may be obtained by **QUEENSTOWN BANK OF MARYLAND** for evaluation. These reports may include information concerning my work history and financial responsibility.

I further understand that I have the right to make a request of the Bank, in writing, to learn the complete nature and scope of such investigative reports, if they are obtained.

I authorize current and previous employers to release all information regarding my employment records and employment history with them.

I certify that I have received and read a copy of this statement and hereby authorize **QUEENSTOWN BANK OF MARYLAND** to obtain reports as described above.

SIGNATURE

DATE

PLEASE READ AND SIGN THE FOLLOWING STATEMENTS, REQUIRED BY LAW:

Lie Detector Tests

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OT TO TAKE A POLYGRAPH LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISISON IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

SIGNATURE

DATE

Candidate Release Authorization

- I. In connection with my application for employment or continued employment at Queenstown Bank of Maryland, I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, Queenstown Bank of Maryland may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by Queenstown Bank of Maryland or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Queenstown Bank of Maryland. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name. Last First Middle

Please print other names you have used (maiden name, surname, alias name).

Current Address City State Zip Code

Social Security Number Date of Birth

Driver's License Number State Issuing License Name as it appears on license.

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

Signature Today's Date



**Fair Credit Reporting Act
Candidate Notice and Disclosure**

Queenstown Bank of Maryland (the "Company") will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare and process the report(s) is:

ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, _____, agree that a facsimile or photocopy of this form is valid just like the original form.
I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

Please print your full name.	Last	First	Middle
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Current Address	City	State	Zip Code
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(FOR IDENTIFICATION PURPOSES ONLY)	Social Security Number	Date of Birth
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Signature	Today's Date
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GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.

For residents of, or for jobs located in, California, Maine, Massachusetts, Minnesota, New Jersey, New York, Oklahoma and Washington, you may request a free copy of any background check report by checking the box below.

I request a free copy of the report.

STATE LAW NOTICES:

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, New York, or Washington State, note:

CALIFORNIA: You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

MASSACHUSETTS: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

NEW YORK: If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy by contacting the Consumer Reporting Agency. If you have previously been convicted of one or more criminal offenses and are denied employment, you may request that the Company provide a written statement setting forth the reasons for such denial. The Company must provide the written statement within thirty (30) days of your request.

WASHINGTON STATE: You have the right, upon written request made within a reasonable time frame after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the Consumer Reporting Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing, or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.