



Mercantile[®]

Bank of Michigan

310 Leonard St. NW
Grand Rapids MI 49504

AT WILL EMPLOYMENT APPLICATION

(Void after 90 days)

Prospective employee will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name			First	Middle	Date	Email Address
	Street Address					Home Telephone ()	
	City, State, Zip					Business Telephone ()	
	Previous Address: Street		City	State	Zip	Cell Phone ()	
	Position Desired				Full Time _____	Pay Expected	
					Part Time _____		
	Name of Referral Source					Will you work overtime if asked? [] Yes [] No	
	Are you currently authorized to be employed in the U.S. on a full-time basis? [] Yes [] No					When will you be available to begin work?	
If you are selected for hire, you will be required to provide documentary evidence of your identity and eligibility to work in the United States. NOTICE: Mercantile Bank of Michigan does conduct a pre-employment drug screening, criminal and background investigation.						Are you over 18 years of age? [] Yes [] No	

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate? [] Yes [] No	Degree or Diploma & GPA
	Graduate				[] Yes [] No	
	College				[] Yes [] No	
	Business/Trade/Technical				[] Yes [] No	
	High School				[] Yes [] No	
	Elementary				[] Yes [] No	

Equal Opportunity Employer Minorities/Women/Disabled/Veterans/Sexual Orientation/Gender Identity

Employment Record

List last four (4) employers, starting with present or most recent. Please fully complete and do not use the term "See Resume."

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone number (s)			
Job Title	Supervisor	Hourly	Rate/Salary
		Starting	Final
Reason for Leaving			
2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone number (s)			
Job Title	Supervisor	Hourly	Rate/Salary
		Starting	Final
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone number (s)			
Job Title	Supervisor	Hourly	Rate/Salary
		Starting	Final
Reason for Leaving			
4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone number (s)			
Job Title	Supervisor	Hourly	Rate/Salary
		Starting	Final
Reason for Leaving			

Are you currently employed?

Yes No

If yes may we contact your employer?

Yes No

Summarize special skills and qualifications acquired from employment or other experience

Which business machines, computer equipment and software can you operate proficiently?

Membership in Professional or Civic Organization (exclude those which may disclose your race, color, religion or national origin).

GENERAL INFORMATION

1. Have you previously applied for employment with the Bank? Yes No

If yes, when? _____

2. Have you previously been employed at the Bank? Yes No

If yes, when? _____

3. Are any of your relatives employed by the Bank? Yes No

If yes, please list name and department: _____

4. Have you ever been bonded? Yes No

Have you ever been refused bond? Yes No

If yes, state the reason and date: _____

To your knowledge, is there any reason you would not be bondable?

Yes No

If yes, explain: _____

5. Have you ever been convicted of or pled guilty or no contest to a crime (excluding minor traffic offenses) or are you presently charged with a felony? Answering yes will not automatically exclude you from employment with Mercantile. Mercantile considers the nature and the gravity of the offense, the time that has passed since the offense or completion of the sentence, and the nature of the position sought. Yes No

If yes, please identify the crime, conviction date, and place (jurisdiction), where the conviction was made: _____

6. Please include any other information you may think would be helpful in considering you for employment, including additional work experience, articles/books published, activities, accomplishments and so forth. Exclude all information indicative of age, sex, race, religion, color, national origin, and disability.

References

Give the names of three persons not related to you, who are familiar with your work performance and have known you at least one (1) year. Include the name of at least one supervisor.

Name	Address	Phone	Relationship
1)			
2)			
3)			

APPLICANT'S REPRESENTATIONS FOR EMPLOYMENT

Should I be employed by the Bank, I agree to conform to the Bank's rules and regulations, and agree that as an at-will employee, my employment and compensation can be terminated, at any time, for any or no reason, with or without notice, at the option of either the Bank or myself.

I certify that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information may result in justification for termination if discovered at a later date.

I authorize persons, schools, current employer and previous employers, and organizations named in this application to provide the Bank with any relevant information that may be requested. I further release all parties providing information from any and all liability or claims for damages, whatsoever that may result from this information's release, disclosure, maintenance, or use.

I authorize the Bank to obtain any and all background information, but not limited to, a credit report.

I further authorize and agree to release and hold harmless the Bank and its associates to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if any employment decision was made based on information obtained from this Company, and to receive, upon written request, a disclosure of the nature and scope of the report.

In consideration of Mercantile Bank of Michigan's review of my application, I agree that any claim or lawsuit arising out of my employment with, or any application for employment with, Mercantile Bank Corporation, Mercantile Bank of Michigan or any of their subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. Should a court determine in some future lawsuit, that the six (6) month limitation period set forth above is unenforceable, the court shall enforce this provision as far as possible and shall declare the claim or lawsuit barred unless it was brought within the minimum reasonable time with which the suit should have been commenced.

I have read this application in its entirety. By checking this box I agree to the above terms of employment.

Employee Signature

Date

MERCANTILE BANK OF MICHIGAN

has a Smoke and Drug Free

Work Environment

in all Mercantile Bank buildings

and on the premises

Thank you for your cooperation

MERCANTILE BANK CORPORATION

Voluntary Affirmative Action

Self Identification Data Record – Race/Ethnicity, Gender, Disability, Veteran Status

We are an Equal Opportunity Employer, which means that we operate in strict compliance with all applicable laws prohibiting discrimination or harassment on the basis of race, color, religion, national origin, sex, age, marital status, height, weight, qualified disabled status, U.S. military veteran status or other personal characteristics covered by applicable civil rights laws, regulations and orders.

As an employer with an Affirmative Action Program, we also comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Voluntary Affirmative Action Self Identification Data Record is to assist us to comply with government record keeping, reporting, and other legal requirements. THE COMPLETION OF THIS SELF IDENTIFICATION DATA RECORD IS OPTIONAL. IF YOU CHOOSE TO VOLUNTEER THE REQUESTED INFORMATION PLEASE NOTE THAT IT WILL BE USED ONLY TO ASSIST US IN OUR AFFIRMATIVE ACTION RECORDKEEPING, AND WILL BE KEPT IN A CONFIDENTIAL FILE, AND NOT AS PART OF YOUR APPLICATION FOR EMPLOYMENT OR PERSONNEL FILE. PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY; INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

(Please Print)

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Date		

Gender (check one):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnicity / Race (check one - description of categories below):		
<input type="checkbox"/> Hispanic or Latino Ethnicity		
<input type="checkbox"/> White (not Hispanic or Latino)		
<input type="checkbox"/> American Indian / Alaskan Native (not Hispanic or Latino)		
<input type="checkbox"/> Black or African-American (not Hispanic or Latino)		
<input type="checkbox"/> Asian (not Hispanic or Latino)		
<input type="checkbox"/> Native Hawaiian or other Pacific Islander (not Hispanic or Latino)		
<input type="checkbox"/> Two or more races (not Hispanic or Latino)		
Disability (please check one of the boxes below):		
<input type="checkbox"/> Yes, I have a disability (or previously had a disability)		
<input type="checkbox"/> No, I don't have a disability		
<input type="checkbox"/> I don't wish to answer		
Veteran Status:		
<input type="checkbox"/> I am a protected veteran		
<input type="checkbox"/> I am not a protected veteran		

Description of Ethnicity / Race Categories

Hispanic or Latino Ethnicity- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

American Indian or Alaskan 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 maintain tribal affiliation or community attachment.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

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.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar Disorder
- Major depression
- Multiple Sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Protected Veteran status includes:

- Disabled veterans
- Recently separated veterans
- Active Duty wartime or campaign badge veterans
- Armed Forces service medal veterans