



APPLICATION FOR EMPLOYMENT

Please print a copy of this Employment Application, complete and mail to HORIZON BANK, 211 E. HOLLY, BELLINGHAM, WA 98225 OR drop off at any branch. Scanned applications may be e-mailed to jobs@horizonbank.com.

Horizon Bank is an Equal Opportunity Employer. All qualified applicants receive consideration for employment without regard to race, color, religion, national origin, age, sex, disability, marital status, sexual orientation, veteran's status, or any other status protected by law.

Instructions: Please print clearly. Read each question carefully and answer to the best of your ability.

NAME: Last		First		Middle Initial	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS:		City		State	Zip	How long? Years Months
PREVIOUS ADDRESS:		City		State	Zip	How long? Years Months
HOME PHONE/CELL NUMBER		BUSINESS PHONE		ARE YOU AT LEAST 18 YEARS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
				OTHER NAMES KNOWN BY:		

Have you ever been convicted of a felony or any other criminal offense involving dishonesty or a breach of trust? Yes No *If answer to this question is yes, please explain on a separate sheet of paper.

Note: The deposits of this institution are insured by the Federal Deposit Insurance Corporation ("FDIC"), in accordance with its rules and regulations. This institution may, as permitted by law, submit your fingerprints to the Federal Bureau of Investigation ("FBI") and receive an FBI report to enable this institution to comply with Title 12 of the United States Code, Section 1829. This section provides that, without the prior consent of the FDIC, no person may serve or continue to serve as an officer or employee of such an institution who was or is convicted of any criminal offense involving dishonesty or a breach of trust, or who has agreed to enter into a pretrial diversion or similar program in connection with prosecution of such an offense. For each knowing violation of this prohibition, the institution and the person involved may each be subject to penalties up to \$1,000,000 for each day that the prohibition is violated and the person involved may also be subject to imprisonment up to five years.

What position(s) are you applying for?

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How did you hear about this position?

What is your minimum salary expectation for this position?

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Are you interested in: (Please check all that apply.)

Full-Time	Part-Time	Mon	Tues	Wed	Thurs	Fri	Sat	Date you could start work:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Hours of availability:

From:	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	To:	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
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A reasonable attempt will be made to accommodate employees who require certain hours or days off because of their religious beliefs or practices.

Briefly tell us why you think you would be a qualified applicant for the job desired.

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List any relatives in our employ: (We seek this information for internal accounting safeguards.)

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Are you a former employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, dates of former employment:
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EDUCATION

HIGH SCHOOL DIPLOMA OR EQUIVALENT? YES NO

Please list education. You may also include special training and professional memberships which relate to the position for which you are applying.

NAME	CITY	STATE	AVERAGE GRADE	DEGREE RECEIVED
High School:				
College/University:				
Other:				

Do you plan to continue your schooling? Yes No

Experience and Training

Please check skills that apply and months/years of experience

<input type="checkbox"/> Teller	<input type="checkbox"/> Typist/Clerical	<input type="checkbox"/> Word
<input type="checkbox"/> Cashier	<input type="checkbox"/> Accounting	<input type="checkbox"/> Access
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Supervision	<input type="checkbox"/> Powerpoint
<input type="checkbox"/> Keyboarding/wpm	<input type="checkbox"/> Sales	<input type="checkbox"/> Windows
<input type="checkbox"/>	<input type="checkbox"/> Calculator/10 Key/spm	<input type="checkbox"/> Excel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Lending <input type="checkbox"/> Consumer <input type="checkbox"/> Commercial <input type="checkbox"/> Real Estate	<input type="checkbox"/> Loan Processing <input type="checkbox"/> Consumer <input type="checkbox"/> Commercial <input type="checkbox"/> Real Estate	<input type="checkbox"/> Loan Closing <input type="checkbox"/> Consumer <input type="checkbox"/> Commercial <input type="checkbox"/> Real Estate
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Other Applicable Experience/Training

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Have you ever been refused a fidelity bond? Yes No If Yes, explain:

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Have you ever been discharged or given the opportunity to resign? Explain:

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List three professional references with which you have/had a professional, business or working relationship.

NAME	PROFESSIONAL RELATIONSHIP			COMPANY	TELEPHONE
	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Subordinate		
	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Subordinate		
	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Subordinate		

OPTIONAL: Are there any professional JOB RELATED organizations to which you belong?

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Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? (In answering this question, please refer to the job description for the position for which you are applying. If none was provided, please skip this question.) Yes No

Do you have the legal right to work in the United States? Yes No If hired documented proof of citizenship or legal right to work in the U.S. will be required within the first three days of employment.

WORK HISTORY

Please complete this section thoroughly and list your most recent employer first. Include military service and periods of unemployment.

COMPANY		SUPERVISOR NAME AND TITLE				MAY WE CONTACT? Yes <input type="checkbox"/> No <input type="checkbox"/>	
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE		
LENGTH OF EMPLOYMENT From: To:		JOB TITLE		DID YOU SUPERVISE ANY ONE? If Yes, how many? Yes <input type="checkbox"/> No <input type="checkbox"/>			
DESCRIPTION OF RESPONSIBILITIES:							
REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY:							
						LAST SALARY	

COMPANY		SUPERVISOR NAME AND TITLE				MAY WE CONTACT? Yes <input type="checkbox"/> No <input type="checkbox"/>	
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE		
LENGTH OF EMPLOYMENT From: To:		JOB TITLE		DID YOU SUPERVISE ANY ONE? If Yes, how many? Yes <input type="checkbox"/> No <input type="checkbox"/>			
DESCRIPTION OF RESPONSIBILITIES:							
REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY:							
						LAST SALARY	

COMPANY		SUPERVISOR NAME AND TITLE				MAY WE CONTACT? Yes <input type="checkbox"/> No <input type="checkbox"/>	
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE		
LENGTH OF EMPLOYMENT From: To:		JOB TITLE		DID YOU SUPERVISE ANY ONE? If Yes, how many? Yes <input type="checkbox"/> No <input type="checkbox"/>			
DESCRIPTION OF RESPONSIBILITIES:							
REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY:							
						LAST SALARY	

COMPANY		SUPERVISOR NAME AND TITLE			MAY WE CONTACT? Yes <input type="checkbox"/> No <input type="checkbox"/>	
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE	
LENGTH OF EMPLOYMENT From: _____ To: _____		JOB TITLE		DID YOU SUPERVISE ANY ONE? If Yes, how many? Yes <input type="checkbox"/> No <input type="checkbox"/>		
DESCRIPTION OF RESPONSIBILITIES:						
REASON FOR LEAVING OR DESIRING A NEW POSITION/COMPANY:						LAST SALARY

APPLICANTS: Please read carefully before signing:

I certify that the information on this application is true and correct; I understand that a thorough investigation of my work history will be made and all information I have provided on this application may be verified. I authorize such investigation and the giving and receiving of any information requested and I release from liability any person giving or receiving such information. I understand that falsification or misleading information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.

In the event I am employed, I understand that customers' names and transactions are to be held in strict confidence, and I agree that I will not, during or after my term of employment, disclose any of the institution's trade secrets or confidential information.

I understand that pre-employment and employment credit checks may be conducted. If any adverse action is required based in whole or in part on the report, I understand that I will be provided with the name, address and telephone number of the consumer reporting agency providing the report and a reasonable opportunity to respond to any information in the report that I dispute.

I understand this application is not a contract of employment and that in the event I am employed, I may, with or without notice, at any time voluntarily terminate my employment. I further understand that I may be terminated by the employer at any time, for any or no reason, with or without notice. Any verbal statements or promises by the employer or its agents to the contrary are hereby expressly disavowed and may not be relied upon by any employee.

Date	Applicant's Signature
	Print Name



APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Horizon Bank, its employees, agents, professional investigators, or any representative of the Company, to perform investigations into my background, past behavior, character, and reputation.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans. Investigative reports may also include criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

I authorize custodians of the records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative of the Company. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment.

EDUCATION – I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested.

EMPLOYMENT – I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, disciplinary actions, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all substance abuse testing results.

CREDIT – I authorize the Company to obtain a credit report on me and understand that if I am denied due to credit, I can, according to the Fair Credit Reporting Act, get a copy of my credit report from the credit wholesaler.

I understand that the information requested is for the use by the Company and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above if: (1) Any adverse action/decision is made based on the information in the consumer report & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report has been conducted, I will be notified in writing within five days of receipt of my request for said report.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. I indemnify, release and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

The information contained below is to be used only for identification and investigative purposes.

TO BE COMPLETED BY APPLICANT ONLY

Last Name		First Name		MI	Birth date		Sex	Soc. Sec. #	
Home Street Address				City			State	Zip	
Other Last Names Used		Other States and Counties I have lived in.....		State	County	Zip	From (Yr.)	To (Yr.)	
1		1							
2		2							
3		3							
4		4							

Date	Applicant's Signature
	Print Name



CONSENT FORM FOR DRUG TESTING

I understand that Horizon Bank is a drug-free workplace and has a policy against substance abuse by its employment applicants and employees.

I understand that offers of employment with Horizon Bank are contingent upon drug screening. I hereby consent to urinalysis testing for this purpose. I further consent to the release of any such reports on such samples from the laboratories and all information received during the exam and testing procedure to the Human Resources Department of Horizon Bank and to the use of such reports in the Bank's assessment of my employment application.

I release and discharge Horizon Bank, its officers, and agents from any claim or liability arising from such test reports including the testing process and procedures, the analysis and disclosure of the results. Should test results be positive, it will be cause for rejection of my application. I further understand that in the case of a positive test result, I will be eligible to reapply for employment with Horizon Bank after six months.

I certify that I have read this form, or had it read to me, and that I understand its contents. I realize that my refusal to sign this form or to cooperate fully with the testing procedures will be cause for rejection of my application.

Date	Applicant's Signature
	Print Name

DO NOT ATTACH TO EMPLOYMENT APPLICATION - This sheet MUST be placed in Affirmative Action Files

Dear Prospective Employee:

Optional information for Government Monitoring and Reporting Purposes only

Regulations of the Washington State Human Rights Commission impose restrictions on the handling of optional ethnic data for governmental monitoring purposes. WAC 162-12-160, (2) provides in part: Data on race, creed, color, national origin, sex, or marital status shall not be recorded on any paper which is kept in the applicant's personnel file, nor shall such data be kept in any other place where it is available to those who process the application. Records which identify the race, etc, of a particular person shall be kept confidential, except to the extent necessary to permit the compilation of statistics and to permit verification of the statistics by top management of the employer, or by the Washington State Human Rights Commission or other concerned governmental agencies. WAC 162-12-170 provides, in part, that a form asking for ethnic data must clearly inform the applicant of the reasons asking for this information. This employer is considered a Government Contractor, subject to E.O. 11246, as amended, Section 503 of the Rehabilitation Act of 1973, and 38 USC 2012, the Viet-Nam Era Veterans Readjustment Assistance Act of 1974. To meet government reporting regulations, applicants are requested to complete this data sheet. This information will be used solely for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential and will be kept in a separate file. Your voluntary cooperation will be appreciated. You are under no obligation to complete this form. However, should you choose not to provide the information, the interviewer is required by law to provide this data by visual observation of the applicant.

Horizon Bank is an Equal Opportunity Employer. We ask your cooperation with our Affirmative Action Program. We are required by federal law to maintain statistics on the ethnic background, veteran status, sex, and disabilities of applicants for employment. We would appreciate your cooperation by voluntarily providing this information. Please be specific.

As stated in the above excerpt, you are under no obligation to complete this Affirmative Action section. However, should you choose not to provide the information, the interviewer is required by law to provide this data by visual observation of the applicant.

Position Applied For: _____ Referral Source: _____ Date: _____

Name: _____ Male: _____ Female: _____

Address: _____ Telephone: _____
(Street) (City) (State) (Zip)

Ethnic Background: (Please Check One)

- _____ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South 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, North Africa, or the Middle East.
- _____ 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 peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ 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.
- _____ 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.
- _____ Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

If you are a disabled individual, a disabled veteran, or a Vietnam era veteran and would like to be considered under our affirmative action program, please provide the following information.

- _____ Qualified Disabled Individual: 1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or 2) has a record of such impairment or 3) is regarded as having such impairment, and 4) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.
- _____ Qualified Disabled Veteran: 1) a person entitled to disability compensation under laws administered by the Veteran Administration for disability rated at 30% or more, or 2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and 3) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.
- _____ Vietnam Veteran: A person who 1) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was released with other than a dishonorable discharge, or 2) was released from such active duty for a service-connected disability.

What special skills or methods enable you to perform jobs that would otherwise be excluded by your disability? What accommodations on the part of the employer would enable you to perform the job? (Use reverse side if additional space is required.)

Revised 2/07