



APPLICATION FOR EMPLOYMENT

So that you will receive full consideration for employment opportunities at 1st Mariner Bank, please be certain to read carefully all instructions and information. Fill in all the spaces on the application form. If information is missing, your application may be rejected.

1st Mariner Bank is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, creed, religion, sex, marital status, national origin, physical or mental handicap, or covered veteran status. No question on this application is intended to secure information to be used for such discrimination.

Please write legibly, and print or type the information on this form.

PERSONAL:

Last Name First Name Middle Initial Date

Present Address City State Zip Code

() ()
Home Phone Number Cell/Office Phone Number Social Security No.

E-mail Address

Have you applied for work with us before? Yes No If yes, when? _____

Have you ever worked for us? Yes No If yes, what name? _____

Position applied for: _____ Full-time Part-time

If requesting part-time, specify 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? Yes No,
Please explain: _____

If not a citizen of the United States, list current Visa status: _____

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

How were you referred to us?

Advertisement
Name of Source _____

Employee Agency
 Community Agency

Self-Initiated

State Employment Agency

School

Employee Referral
Name of Employee F. Saide
 Other _____
(i.e. Job Fair, 1st Mariner Bank website, etc.)

1st Mariner Bank is an Affirmative Action/Equal Opportunity Employer.

**Frederick Saide
Foundation Insurance Services, LLC**

EMPLOYMENT: List in order – last or present employer first. Include part-time jobs, summer or volunteer work, self-employment and periods of military services.

Present position title: _____ Dates of Employment: From: _____ To: _____

Name of employer: _____ Phone: (____) _____

Employer Address: _____
Street City State Zip Code

Name & title of immediate supervisor: _____

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

Description on responsibilities (include No. of people supervised): _____

Reason for leaving: _____

Position title: _____ Dates of Employment: From: _____ To: _____

Name of employer: _____ Phone: (____) _____

Employer Address: _____
Street City State Zip Code

Name & title of immediate supervisor: _____

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

Description on responsibilities (include No. of people supervised): _____

Reason for leaving: _____

Position title: _____ Dates of Employment: From: _____ To: _____

Name of employer: _____ Phone: (____) _____

Employer Address: _____
Street City State Zip Code

Name & title of immediate supervisor: _____

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

Description on responsibilities (include No. of people supervised): _____

Reason for leaving: _____

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

Have you ever used a different name(s)? Yes-please list: _____ No

Which of the above are affected? _____

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Typewriter (_____wpm) | <input type="checkbox"/> Business Math | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Shorthand (_____wpm) | <input type="checkbox"/> Counting Currency | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Teller Terminal | <input type="checkbox"/> Copier | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Telephone/Switchboard | <input type="checkbox"/> Computer (model) _____ |
| <input type="checkbox"/> Proof Machine | <input type="checkbox"/> Dictation Machine | |

Other skills you possess which relate to the job for which you are applying: _____

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

Drivers license number: _____ Name of issuing state: _____

EDUCATION Only job related education will be considered.

Name	Location (city-state)	Date of graduation	Circle last year completed				Did you graduate? (please circle)		Curriculum pursued or degree earned
			1	2	3	4	Yes	No	
High School or Preparatory		XXXXXXX	1	2	3	4	Yes	No	
Business School/Vo-Tech/Other			1	2	3	4	Yes	No	
College			1	2	3	4	Yes	No	
College			1	2	3	4	Yes	No	
Graduate School			1	2	3	4	Yes	No	

Are you planning to pursue further studies? No Yes Where? _____ day night

What courses are you planning on taking? _____

OTHER QUALIFICATIONS Please list any additional information pertaining to your qualifications for the job for which you are applying: _____

CAREER OBJECTIVES Please state your career objectives: _____

AFFILIATIONS/MEMBERSHIPS/ETC. List professional organizations, memberships, and activities excluding any which indicate the race, color, creed, religion, sex, age, marital status, national origin, physical or mental handicap, or covered veteran status of their members: _____

REFERENCES List three persons (no relatives, former employers, fellow employees) who've known you for at least one year.

Name	Address	Phone Number (if known)
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IDENTIFICATION FORM

The federal government requires that an employer maintain records on the race, sex and ethnic group of its applicants. See Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. ss1607 et seq., 41 C.F.R. SS60-3.1 et seq. (1978). In order to comply with these requirements, 1st Mariner Bank requests that you supply the information sought below. The information is for recordkeeping purposes only and will not in any way affect any employment decisions. This questionnaire will be kept separately from your application.

Name: _____

Position applied for: _____

Sex: Female Male

Race: _____

Ethnic Group (Check one if a member of any of the ethnic groups)

- American Indian (Including Alaskan Natives)
- Asian (Including Pacific Islanders)
- Hispanic (Including person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or culture)

In conformity with applicable laws, 1st mariner Bank is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, or physical or mental handicap.

Lastly, to assist us in assessing the value of our various recruitment efforts, we request that you tell us how you learned of this job.

- Advertisement Employee Agency
- Name of Source _____
- Self-Initiated Community Agency
- State Employment Agency School

Employee Referral
Name of Employee F. Saide
 Other _____
(i.e. Job Fair, 1st Mariner Bank website, etc.)

SIGNATURE

DATE

**INVITATION TO HANDICAPPED INDIVIDUALS
INVITATION TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA**

1st Mariner Bank is a government contractor subject to Section 503 of the Rehabilitation Act of 1973 which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals; Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans and Veterans of the Vietnam Era (coverage extended through 1993); and, the Americans with Disabilities Act (Public Law 101-336) as a private employer with 25 or more employees, coverage starting July 26, 1992 (July 26, 1994 for employers with 15 or more employees). A "handicapped individual" is one who either has a physical or mental impairment that substantially limits one or more of the person's major life activities, has a record of such impairment, or is regarded as having such impairment. A "disabled veteran" is a veteran entitled to disability compensation under Laws administered by the Veteran Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. To qualify for protection under Section 402, an individual must have been discharged from duty within the last 48 months. A qualified handicapped individual or disabled veteran is an individual, who is capable of performing a particular job, when reasonable accommodations to his or her handicap or disability are made.

You are invited to complete the following information if you consider yourself to be a handicapped individual or disabled veteran and would like to be covered under the Bank's affirmative action program. Submission of this information is voluntary, and a refusal to provide it will not subject you to discharge or disciplinary treatment.

The information will be kept confidential, except that your signature on this form constitutes your agreement to permit the release of this information and other medical information regarding your handicap or disability to supervisors and managers for the purpose of informing them regarding restrictions on the work or duties of handicapped or disabled individuals or the necessary accommodations for such individuals; to first aid and safety personnel, when and to the extent appropriate, if the handicap might require emergency treatment; and to government officials investigating compliance with the Rehabilitation Act of 1973 or the Vietnam Era Veterans Readjustment Assistance Act of 1974 and the Americans with Disabilities Act of 1990 (Public Law 101-336).

1. Name: _____ Phone: () _____

2. Address: _____

3. Current job: _____ Position applied for: _____

4. Describe your handicap or disability: _____

5. If you claim to be a disabled veteran, can you provide documentation of your entitlement to benefits under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or for a disability incurred or aggravated in the line of duty which resulted in your release or discharge: Yes No

6. Describe below the effect of your handicap or disability, if any, upon your ability to perform the job you are seeking. If the handicap or disability limits your ability to perform the essential functions of the job, indicate any special methods, skills or procedures that enable you to qualify despite your handicap or disability or any reasonable accommodations the bank could make that would enable you to perform the essential functions of the job properly and safely despite your handicap or disability.

Job Sought	Effect of Handicap/Disability	Special Methods, Skills, Etc.	Suggested Accommodations

7. I hereby certify that to the best of my knowledge to above stated information is correct.

SIGNATURE

DATE

DECLARATIONS

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any investigation or proceeding?

No Yes – please describe when the conviction occurred; the facts and circumstances/and any facts pertaining to rehabilitation: _____

Have you ever been denied a surety bond? Yes No if yes please explain _____

PLEASE READ BEFORE SIGNING

This application is valid for only thirty days. If you have not been employed within thirty days of your application, you must re-apply in writing in order to receive further consideration.

I hereby certify that information on this application is accurate and complete to the best of my knowledge, and subject to verification by 1st Mariner Bank understand that any false answers or statements or misleading omissions made by me on this application or in connection with the processing of my application or of responding to its requests for information, including but not limited to false answers or statements or misleading omissions made during interviews can be sufficient grounds for my rejection as a candidate for employment or for immediate discharge.

SIGNATURE

DATE

PLEASE READ BEFORE SIGNING

I understand that any employment that might be offered by 1st Mariner Bank is “at will” and of indefinite duration, and that either I or the company can terminate that employment at any time with or without notice for any reason, or no reason, that no agreement to the contrary will be recognized by the company unless made in writing and signed by the President of the company and that none of the practices or policies are to be constructed as imposing any binding obligations on the company and that they are subject to any change and deletion at any time. I further understand that, although there is an initial period for the first 90 days of employment, subject to extension at the discretion, during which I will be considered to be in provisional or probationary status and will not be eligible to earn or use certain benefits available to other employees, my successful completion of that initial period will not change my status as an at-will employee.

SIGNATURE

DATE

PLEASE READ AND SIGN THE FOLLOWING STATEMENT, REQUIRED BY THE STATE OF MARYLAND, LABOR AND EMPLOYMENT ARTICLE, LIE DETECTOR TESTS SECTION 3-702, SUBSECTION D, NOTICE OF PROHIBITION:

“Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.00”

SIGNATURE

DATE

REFERENCE RELEASE FORM:

I do hereby authorize 1st Mariner Bank to seek from school officials, previous employers, credit bureaus, and other person, firms or institutions, and further authorize the persons, firms or institutions contacted by the company to release to it any and all information in their knowledge or possession pertaining to my employment history or my qualifications and ability to work at the company, including but not limited to information and opinions pertaining to the nature of my former jobs and job duties, how I performed those duties, my salary history, my attendance record, my character, my academic record, and any performance, behavior attitude or other problems or good points perceived by them. Further, I authorized the company to seek from any and all law enforcement agencies having information concerning me and information maintained by that agency, including but not limited to the results of and reports concerning any investigations, and any and all documentation, test results, or information of any type obtained from an source during the courses of such investigations, other than records relating solely to charges that have been expunged. I also authorize said law enforcement agencies to release this information to the company. I release, promise to hold harmless and covenant not to sue the company on the basis of its attempt to obtain any of the foregoing information, and I further release, promise to hold harmless and covenant not to sue any persons, firms, institutions, or agencies providing such information to the company on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

SIGNATURE

DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize 1st Mariner Bank (hereafter "the company" or "employer"), its employees, agents, private investigators or any representative of the aforesaid company to perform an investigation into my background, past behavior, to my character, general reputation, and mode of living. In addition, I further authorize investigations of the following:

Investigative Consumer Reports: I authorize the Company to perform investigative consumer reports that may include credit reports, criminal history or arrest records, workers' compensation histories, motor vehicle records, military records, or other sources of information.

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, condemnations, 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 drug and alcohol testing results.

Authorization to Release: I authorize custodians of the records of any agency or company as described above 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.

Re-disclosure: I understand that the information requested is for the use by the Company and may 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.

Indemnification: 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 investigations, disclosures, or admissions.

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

The following information is for identification and investigative purposes only.														
Please Use an Ink Pen and Print Clearly. Use "UPPERCASE" Letters. One Letter Per Block.														
Last Name														
First Name														
Middle name														
Current Address														Apt#
City											State	Zip		
Social Security Number														
Date of Birth														
Driver's License No.														State
Other Last Names Used														
Other States I have Lived		State	County	From (Yr)	To (Yr)	State	County	From (Yr)	To (Yr)					
	1-2													
	3-4													
Signature	Date													
We are an Equal Employment Opportunity Employer. We are Dedicated to a Policy of Nondiscrimination in Employment of Any Inproper Basis including Race, Color, Age, Sex, Religion, Creed, national Origin, Marital Status, Sexual Orientation, Political Belief, or Physical or Mental Handicap or Disability That Does Not Prohibit Performance of Essential Job Functions.														

TO BE COMPLETED BY: 1ST MARINER BANK - (BALTIMORE, MARYLAND)					
DESCRIPTION	COUNTY	STATE	DESCRIPTION	COUNTY	STATE
Signature:			Date:		

FOR DRUG TESTING PURPOSES ONLY

() Please be advised, this application has been sent for drug testing on ____ / ____ / ____ . The applicant was sent to the _____ collection site. The applicant's daytime telephone number is: (____) _____ Evening Telephone Number is: (____) _____

**1st MARINER BANK
FINGERPRINT INFORMATION**

As part of your background process here at 1st Mariner Bancorp, you are required to submit your fingerprints for testing. The following information is required for this.

NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

**COUNTRY OF
CITIZENSHIP:** _____

PLACE OF BIRTH: _____

GENDER: _____

COLOR OF EYES: _____

HEIGHT: _____

RACE: _____

HAIR COLOR: _____

WEIGHT: _____

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE