



Join A Growing Team of Client Focused Professionals

REVISED 3/9/2014

## APPLICATION FOR EMPLOYMENT

Square D Marketing, Inc. is an equal opportunity employer. The Company does not discriminate on the basis of age, race, color, religion, sex, ancestry, creed, national origin, individuals with disabilities, marital status, sexual and affection preferences, or any other type of discrimination prohibited by any local, state or federal law.

**Application must be completed in full to be considered for employment**

POSITION APPLIED FOR: \_\_\_\_\_ ( ) Full-time ( ) Part-time DATE: \_\_\_\_\_

HOW DID YOU LEARN ABOUT US? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

NAME: \_\_\_\_\_

(Please Print) LAST FIRST MIDDLE

SOCIAL SECURITY #: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

STREET UNIT # CITY STATE ZIP \_\_\_\_\_

HOW LONG HAVE YOU LIVED THERE? \_\_\_\_\_

E MAIL ADDRESS \_\_\_\_\_

YEARS/MONTHS If less than 5 years at the current  
address: \_\_\_\_\_

PREVIOUS  
ADDRESS: \_\_\_\_\_

STREET UNIT # CITY STATE ZIP

HOW LONG DID YOU LIVE THERE? \_\_\_\_\_

ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK?

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DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY SQUARE D MARKETING? ( ) YES ( ) NO

IF YES, PLEASE COMPLETE:

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NAME RELATIONSHIP

HAVE YOU EVER USED ANOTHER NAME? ( ) YES ( ) NO

IF YES, NAME USED: \_\_\_\_\_

IS THERE ADDITIONAL INFORMATION RELATIVE TO A CHANGE OF NAME, OR NICKNAME, NECESSARY TO ENABLE A BACKGROUND, WORK, AND EDUCATIONAL RECORD CHECK? IF YES, PLEASE EXPLAIN:

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HAVE YOU EVER PLEADED GUILTY OR "NO CONTEST" TO OR BEEN CONVICTED OF A MISDEAMEANOR OR FELONY? ( ) YES ( ) NO IF YES, PLEASE GIVE DATE(S) AND DETAILS: \_\_\_\_\_

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\_\_\_\_\_ \*\*NOTE: ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT. THIS DOES NOT INCLUDE MINOR TRAFFIC INFRACTIONS, AND CONVICTIONS FOR WHICH THE RECORD HAS BEEN SEALED OR EXPUNGED, ANY CONVICTION FOR WHICH PROBATION HAS BEEN SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE HAS BEEN JUDICIALLY DISMISSED, REFERRALS TO AND PARTICIPATION IN ANY PRETRIAL OR POST TRIAL DIVERSION PROGRAMS, AND MISDEMEANOR MARIJUANA-RELATED OFFENSES THAT OCCURRED OVER TWO (2) YEARS AGO.

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? ( ) YES ( ) NO

IF YES, PLEASE EXPLAIN:

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If completed you may mail the completed application along with a photocopy of your Driver's License to:

Square D Marketing

9401 Chapman Oak Court

Palm Beach Gardens, FL. 33414

MAY WE CONTACT YOUR CURRENT EMPLOYER?: ( ) YES ( ) NO

IF NO, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

IS THERE ANYTHING YOU WISH TO AVOID IN A NEW JOB? \_\_\_\_\_

**RECORD OF PREVIOUS EMPLOYMENT**

*PLEASE LIST THE NAMES OF YOUR PRESENT OR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. BE SURE TO ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIOD OF UNEMPLOYMENT. IF SELF-EMPLOYED, DESCRIBE BUSINESS AND SUPPLY BUSINESS REFERENCES. ADD ADDITIONAL PAGE IF NECESSARY. COMPENSATION SECTION MUST BE COMPLETED. PLEASE COMPLETE IN FULL FOR MINIMUM PAST FOUR EMPLOYERS.*

PRESENT OR LAST EMPLOYER (NAME & ADDRESS) _____ _____ _____ _____ _____  NAME & TITLE OF SUPV: _____ _____  PHONE: _____	EMPLOYED:  FROM: _____ MONTH/YEAR  TO: _____ MONTH/YEAR	COMPENSATION:  START: \$ _____ PER: _____  FINAL: \$ _____ PER: _____  BONUS OR INCENTIVE: \$ _____ PER: _____
	YOUR TITLE OR POSITION: _____  REASON FOR LEAVING: _____	
PRESENT OR LAST EMPLOYER (NAME & ADDRESS) _____ _____ _____ _____ _____  NAME & TITLE OF SUPV: _____ _____  PHONE: _____	EMPLOYED:  FROM: _____ MONTH/YEAR  TO: _____ MONTH/YEAR	COMPENSATION:  START: \$ _____ PER: _____  FINAL: \$ _____ PER: _____  BONUS OR INCENTIVE: \$ _____ PER: _____
	YOUR TITLE OR POSITION: _____  REASON FOR LEAVING: _____	

MAY WE CONTACT YOUR CURRENT EMPLOYER?: ( ) YES ( ) NO

IF NO, PLEASE EXPLAIN:

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PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

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NAME & TITLE OF SUPV:

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PHONE: \_\_\_\_\_

EMPLOYED:

FROM: \_\_\_\_\_ MONTH/YEAR

TO: \_\_\_\_\_ MONTH/YEAR

COMPENSATION:

START: \$ \_\_\_\_\_ PER: \_\_\_\_\_

FINAL: \$ \_\_\_\_\_ PER: \_\_\_\_\_

BONUS OR INCENTIVE: \$ \_\_\_\_\_

PER: \_\_\_\_\_

YOUR TITLE OR POSITION:

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REASON FOR LEAVING:

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PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

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NAME & TITLE OF SUPV:

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PHONE: \_\_\_\_\_

EMPLOYED:

FROM: \_\_\_\_\_ MONTH/YEAR

TO: \_\_\_\_\_ MONTH/YEAR

COMPENSATION:

START: \$ \_\_\_\_\_ PER: \_\_\_\_\_

FINAL: \$ \_\_\_\_\_ PER: \_\_\_\_\_

BONUS OR INCENTIVE: \$ \_\_\_\_\_

PER: \_\_\_\_\_

YOUR TITLE OR POSITION:

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REASON FOR LEAVING:

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	YOUR TITLE OR POSITION: _____ REASON FOR LEAVING: _____ _____	

PLEASE EXPLAIN GAPS IN YOUR EMPLOYMENT HISTORY:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE INDICATE ANY EXPERIENCE, SPECIAL TRAINING AND QUALIFICATIONS YOU MAY HAVE THAT YOU BELIEVE TO BE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

EMPLOYED:

\_\_\_\_\_  
\_\_\_\_\_

FROM: \_\_\_\_\_

MONTH/YEAR

\_\_\_\_\_  
\_\_\_\_\_

TO: \_\_\_\_\_

MONTH/YEAR

NAME & TITLE OF SUPV:

\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

COMPENSATION:

START: \$ \_\_\_\_\_ PER: \_\_\_\_\_

FINAL: \$ \_\_\_\_\_ PER: \_\_\_\_\_

BONUS OR INCENTIVE: \$ \_\_\_\_\_

PER: \_\_\_\_\_

YOUR TITLE OR POSITION:

\_\_\_\_\_

REASON FOR LEAVING:

PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME & TITLE OF SUPV:

\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYED:

FROM: \_\_\_\_\_ MONTH/YEAR

TO: \_\_\_\_\_

MONTH/YEAR

COMPENSATION:



START: \$ \_\_\_\_\_ PER: \_\_\_\_\_

FINAL: \$ \_\_\_\_\_ PER: \_\_\_\_\_

BONUS OR INCENTIVE: \$ \_\_\_\_\_

PER: \_\_\_\_\_

YOUR TITLE OR POSITION:

\_\_\_\_\_

REASON FOR LEAVING::

\_\_\_\_\_

PLEASE EXPLAIN GAPS IN YOUR EMPLOYMENT HISTORY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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IDENTITY AND LEGAL AUTHORITY TO WORK IN THE U.S. IS A CONDITION OF EMPLOYMENT) ( ) YES ( ) NO.

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE OVER 18 YEARS OF AGE? ( ) YES ( ) NO

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? ( ) YES ( ) NO

ARE YOU BOUND BY PROVISIONS OF A NON-COMPETE, PROPRIETARY, OR CONFIDENTIALITY AGREEMENT? ( ) YES ( ) NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATIONS? ( ) YES ( ) NO

HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST THREE YEARS DUE TO REASONS OTHER THAN PAID HOLIDAYS AND VACATION?

\_\_\_\_\_ YEAR  
NUMBER OF DAYS YEAR NUMBER OF DAYS YEAR NUMBER OF DAYS

## EDUCATION

*Years Completed*

*Diploma/ Degree*

*Describe Course of Study/Major*

*School Name*

High School

College/University

Graduate or Professional

Trade or Correspondence

Other

*PERSONAL REFERENCES Please list persons who know you well who are not previous employers or relatives.*

Name Occupation Address Telephone #

# of years known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED IS FILLED OR FOR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME YOU MUST REAPPLY.

**I certify that all of the information I have provided on this application is true and accurate.**

\_\_\_\_\_  
**Signature of Applicant Date**

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In the event of my employment with Pacific Mercantile Bank ("Employer"), I will comply with all rules and regulations of Pacific Mercantile Bank ("Employer"). I understand that the Employer reserves the right to require me to submit to a test for the presence of alcohol or drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon my passing of a physical examination and a test for the presence of alcohol or drugs in my system, to be performed by a doctor selected by Employer. I consent to the disclosure of the results of any physical examination and related tests to Employer. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and I will complete a bond application.

I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Employer with any pertinent information they may have regarding me.

I hereby state that all the information I provided on this application or any other documents completed in connection with my employment application, and in an interview are true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed by Employer and any such information is later found to be false or incomplete in any respect, my employment may be terminated.

If hired, I agree as follows: My employment and compensation is terminable at-will and is for no definite period, and my employment and compensation may be terminated by either the Employer or me at any time and for any reason whatsoever, with or without good cause. This is the entire agreement between the Employer and me regarding the length of my employment, and the reasons for termination of employment. This agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Employer, other than the President, has any authority to enter into any agreement for employment for any specific period of time or make any agreement contrary to the foregoing. Oral representations made before or after I am hired do not alter this agreement.

I further agree and acknowledge that the Employer and I will utilize binding arbitration to resolve all disputes that may arise out of the employment or pre-employment context. Both the Company and I agree that any claim, dispute, and/or controversy that I may have against the Employer (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or that the Employer may have against me, arising from, related to, or having a relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Employer shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Section 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such

court. All rules of pleadings (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions of summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke on any basis (including but not limited to motions for "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47 (b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision and I and the Company both give up our rights to trial by jury of any claim I or the Company may have against each other.

If any term or provision, or portion of this agreement is declared void or unenforceable it shall be served and the remainder of this Agreement shall be enforceable.

*IF YOU HAVE ANY QUESTIONS REGARDING THIS ACKNOWLEDGMENT AND AGREEMENT, PLEASE ASK AN EMPLOYER REPRESENTATIVE BEFORE SIGNING. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGMENT AND AGREEMENT.*

I hereby acknowledge that I have read the above acknowledgment and agreement and understand the same.

X \_\_\_\_\_  
\_\_\_\_\_ Signature of Applicant Date Print Name

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-----**APPLICANT'S COPY**-----

**NOTIFICATION TO APPLICANT OR EMPLOYEE THAT A CONUSMER REPORT MAY BE OBTAINED**

In compliance with the Federal Fair Credit Reporting Act (15 USC 1681 et Seq.) and the California Consumer Credit Reporting Agencies Act (Civil Code Section 1786), as amended, this notice is to inform you that Pacific Mercantile Bank ("Employer") may obtain a consumer report, investigative consumer report, or other investigative reports in connection with your application for employment and for other employment-related reasons, including investigations of character, general reputation, personal characteristics and mode of living.

You are entitled to receive a copy of any consumer report, investigative consumer report or other investigative report obtained as a result of your signed authorization within three (3) business days of its receipt by the employer from a Credit Reporting Agency ("CRA"). You must check the box below and provide your mailing address in order to receive a copy.

You are entitled to receive a copy of any background reports based on a public records search including, but not limited to, records of criminal or civil court proceedings, bankruptcy proceedings or other similar records.

**III AUTHORIZATION TO OBTAIN CONSUMER REPORT III**

I certify that I have received a written notification that Pacific Mercantile Bank may obtain my consumer report(s) or other investigative report(s). I authorize Employer to obtain such report(s) in connection with my application for employment and for other employment-related reasons.

I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have may have against my former employers, their agents, employees and representatives, as well as individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party whether such information is favorable or unfavorable to me.

***I hereby authorize Pacific Mercantile Bank to contact any or all reports of my former employers and references to provide Pacific Mercantile Bank with any pertinent information they may have regarding my employment.***

*I hereby waive my right to receive copies of any and all reports that contain consumer and/or investigative information about me and are obtained by the Employer in connection with this Application for Employment*

*I hereby request copies of any and all reports that contain consumer and/or investigative information about me and are obtained by the Employer in connection with this application for Employment.*

X \_\_\_\_\_  
Signature of Applicant Date

*Applicant's address to which copies of consumer reports and other investigative reports should be mailed:*

\_\_\_\_\_  
\_\_\_\_\_

-----**APPLICANT'S COPY**-----

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**III AUTHORIZATION TO OBTAIN CONSUMER REPORT III**

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I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have may have against my former employers, their agents, employees and representatives, as well as individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party whether such information is favorable or unfavorable to me.

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**X \_\_\_\_\_ Signature of Applicant Date**

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\_\_\_\_\_

-----APPLICANT'S COPY-----



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-----("EMPLOYER")-----

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