

APPLICATION FOR EMPLOYMENT

So that you will receive full consideration for employment opportunities at **Shore Bancshares, Inc.**, please be certain to read carefully all instructions and information and fill in all the spaces on the application form. If any information is missing, your application may be rejected.

Shore Bancshares, Inc. is an Affirmative Action/Equal Opportunity Employer and does not discriminate in hiring or employment on the basis of race, color, religion, national origin, marital status, gender, age, physical or mental disability or history of disability, genetic information, status as a veteran, uniformed service, or other characteristic protected by applicable federal, state and local laws. No question on this application is intended to secure information to be used for such discrimination.

Shore Bancshares, Inc. is the parent company for Shore United Bank; Avon-Dixon Insurance Agency, LLC; Elliott Wilson Insurance; Jack Martin & Associates; and Wye Financial & Trust.

Please print clearly or type the information on this form.

PERSONAL

Last Name	First Name	Middle Initial	Date
Current Address	City	State	Zip Code
Home Phone Number	Cell Phone Number	E-mail address	

Have you applied for work with us before? Yes No If yes, give month / year: _____

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

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

Position applied for: _____ Full time Part Time Temporary / Summer, Etc.

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

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

Can you perform the functions of this job with or without reasonable accommodation? Yes No, please explain: _____

Can you meet the attendance requirements of this job? Yes No, please explain: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

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

How were you referred to us?

<input type="checkbox"/> Self-Initiated/Walk-In	<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Employee Referral: _____
<input type="checkbox"/> School	<input type="checkbox"/> Internet	<input type="checkbox"/> Advertisement: Source _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative: _____	<input type="checkbox"/> Other: _____

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 / most recent employer: _____ Phone: (_____) _____

Employer address: _____
Street City State Zip

Position / Title: _____ Dates of Employment: From: _____ To: _____

Name / Title of immediate supervisor: _____ May we contact at this time? Yes No

Starting Salary: _____ Current (or ending) Salary: \$ _____

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

What was (is) your reason for leaving? _____

Previous employer: _____ Phone: (_____) _____

Employer address: _____
Street City State Zip

Position / Title: _____ Dates of Employment: From: _____ To: _____

Name / Title of immediate supervisor: _____ May we contact at this time? Yes No

Starting Salary: _____ Current (or ending) Salary: \$ _____

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

What was (is) your reason for leaving? _____

Previous employer: _____ Phone: (_____) _____

Employer address: _____
Street City State Zip

Position / Title: _____ Dates of Employment: From: _____ To: _____

Name / Title of immediate supervisor: _____ May we contact at this time? Yes No

Starting Salary: _____ Current (or ending) Salary: \$ _____

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

What was (is) your reason for leaving? _____

Briefly summarize and supply dates for periods of time not accounted for above – please use another page if necessary: _____

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

- Calculator
- Business Math
- Copier
- Telephone

- Accounting
- Computer
- Internet

- Software Applications _____
- _____
- _____
- _____

Describe 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

EDUCATION. Only job related education will be considered.

Name	Location (City, State)	Enter number of years completed	Did you graduate? (Enter Yes or No)	Curriculum pursued or degree earned
High School				
Business School / Vo-Tech / Other				
College				
College				
Graduate School				

PROFESSIONAL LICENSES/DESIGNATIONS OR OTHER QUALIFICATIONS.

CAREER OBJECTIVES. Please state your career objectives: _____

AFFILIATIONS / MEMBERSHIPS / ETC. List professional organizations, memberships, and activities excluding any which indicate race, color, religion, national origin, marital status, gender, age, physical or mental disability or history of disability, genetic information, status as a veteran, uniformed service.

WORK-RELATED REFERENCES. List three work-related references whom you have known for at least one year. (Do not include relatives)

NAME	OCCUPATON	YEARS KNOWN	CONTACT INFORMATION

Have you ever been denied a surety bond? No Yes – please explain. _____

PLEASE READ BEFORE SIGNING

This application is valid for only ninety days. If you have not been employed within 90 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 **Shore Bancshares, Inc.**, I 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.

I understand that any employment that might be offered by **Shore Bancshares, Inc.** 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 Company's practices or policies are to be construed 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 Company's discretion, during which I will be considered to be in provisional or introductory 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, 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."

SIGNATURE

DATE

Job Applicant Self-Identification Form

We are a government contractor subject to all provisions of The Civil Rights Act of 1964, Executive Order 11246 (as amended), The Rehabilitation Act of 1973 (as amended), and The Vietnam Era Veterans' Readjustment Assistant Act of 1974 (as amended). Qualified applicants are considered without regard to race, color, sex, age, religion, national origin, genetic information, pregnancy, disability, or protected veteran status.

In order to help us comply with government regulations, we would like you to answer the questions listed below. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** This form will be kept strictly confidential and separate from your Employment Application.

Last Name

First Name

Middle Initial

Gender: Please check one.

- Male
 Female

Race/Ethnicity: Please check one.

- Hispanic or Latino
 White (Not Hispanic or Latino)
 Black or African American (Not Hispanic or Latino)
 Asian (Not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 American Indian or Alaska Native (Not Hispanic or Latino)
 Two or More Races (Not Hispanic or Latino)

Are you a Protected Veteran? Please check one.

- Yes, I am a Protected Veteran.*
 No, I am not a Protected Veteran.

Disability Status: Please check one.

- Yes, I am an individual with a disability.**
 No, I do not have a disability.
 I do not wish to answer.

*Protected Veteran Categories/Definitions

- Disabled veteran:
 - a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs for a disability; or
 - a person who was discharged or released from active duty because of a service-connected disability
- Recently separated veteran: any veteran during the three-year period beginning on the date of discharge or release from active duty in the U.S. military, ground, naval, or air service
- Active duty wartime or campaign badge veteran: any veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense
- Armed Forces service medal veteran: any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded, pursuant to Executive Order No. 12985

**Individual with Disability: any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment