

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

..... If Yes, give date _____

Have you ever been employed with us before?..... Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



FIRST NATIONAL BANK OF STEELEVILLE
STEELEVILLE IL 62288

FAIR CREDIT REPORTING ACT DISCLOSURE/AUTHORIZATION

Disclosure

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act of 1996) and applicable state law, this notice is to inform you that a consumer report may be obtained in connection with your application for employment or ongoing employment with the Employer. "Consumer reports" include, but are not limited to, credit reports, criminal background checks, and motor vehicle reports.

Authorization

My signature below represents my voluntary authorization for the Employer, including its agents and representatives, to obtain a consumer report on me for use in connection with my application for employment or ongoing employment with the Employer. I acknowledge and certify that the Employer has provided me with the above disclosure that a consumer report may be obtained on me, and that I have been given a copy of the written disclosure as well as a copy of this authorization. I understand that the term "consumer report" includes, but is not limited to, credit reports, criminal background checks, and motor vehicle reports. If hired or currently employed, I understand that this authorization shall serve as ongoing authorization for a consumer report to be obtained at any time in connection with my employment.

Signature of Applicant/Employee

Print Name

Social Security Number

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for employment with _____

I, _____, authorize the procurement of a background screening report prior to any employment offer as well as periodic screening during employment should an offer be tendered and accepted. I understand that it may contain information about my background, character, general reputation, mode of living, criminal history, driving record, educational background, and job performance.

I further understand that my credit history may be obtained if necessary and authorized by the exceptions and exemptions listed under the Illinois Employee Credit Privacy Act, which allows credit reports to be obtained and used under the following situations:

- Banks and financial companies
- Insurance companies
- State law enforcement or investigative units.
- State and local government agencies that require the use of an employee's credit history.
- Any entity defined as a debt collector.
- State or federal law requires bonding or other security covering an individual holding the position.
- The duties of the position include custody of or unsupervised access to cash or marketable assets valued at \$2,500.00 or more.
- The duties of the position include signatory power over business assets of \$100 or more per transaction.
- The position is a managerial position which involves setting the direction or control of the business.
- The position involves access to personal or confidential information, financial information, trade secrets, or State or national security information.
- The position meets criteria in administrative rules, if any, that the U.S. Department of Labor or the Illinois Department of Labor has promulgated to establish the circumstances in which a credit history is a bona fide occupational requirement.
- The employee's or applicant's credit history is otherwise required by or exempt under Federal or State law.

I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this pre-employment screening. I hereby release IDENTI-CHECK, Inc., its officers, agents, employees and servants from any liability arising from the preparation of this report or pre-employment screenings relating thereto.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, and law enforcement agencies to release such information without restriction or qualifications to IDENTI-CHECK, Inc. and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release them from liability from complying with this authorization. I authorize that a photocopy of this release be considered as valid as the original.

Sign _____ Date _____



3 NORTH OLD STATE CAPITOL PLAZA, SPRINGFIELD, ILLINOIS 62701
(PHONE) 217.753.4311 (FAX) 217.753.3492

WWW.IDENTI-CHECK.COM
INFO@IDENTI-CHECK.COM

CANDIDATE INFORMATION

PERSONAL INFORMATION

FULL NAME _____
LAST FIRST MIDDLE

MAIDEN, ALIAS, ETC.) _____ SS# _____

DATE OF BIRTH _____ DRIVERS LICENSE # _____

CURRENT ADDRESS:

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

RESIDED AT ADDRESS FROM _____ TO _____

PREVIOUS ADDRESSES:

CITY _____ COUNTY _____ STATE _____ ZIP _____

RESIDED AT ADDRESS FROM _____ TO _____

CURRENT EMPLOYER:

CITY _____ STATE _____ COUNTY _____ PHONE () _____

POSITION _____ SUPERVISOR _____

BEGINNING DATE _____ ENDING DATE _____

LAST EMPLOYER:

CITY _____ STATE _____ COUNTY _____ PHONE () _____

POSITION _____ SUPERVISOR _____

BEGINNING DATE _____ ENDING DATE _____

COLLEGE/UNIVERSITY:

CITY _____ STATE _____ COUNTY _____ PHONE () _____

DEGREE _____ BEGINNING DATE _____ ENDING DATE _____

COLLEGE/UNIVERSITY:

CITY _____ STATE _____ COUNTY _____ PHONE () _____

DEGREE _____ BEGINNING DATE _____ ENDING DATE _____

