



# Application for Employment

The filing of this application and the acceptance thereof does not indicate that there are positions open, and in no way obligates The Bank of Herrin. The information contained herein will be considered confidential and is the property of The Bank of Herrin. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. It will be to the applicant's advantage to answer each question fully, accurately, and honestly.

Please type or print in black ink only.

Social Security Number	Last Name	First Name	M.I.
Mailing Address		City, State & Zip	
County	Home Phone	Business Phone	
Are you a citizen of the United States or do you have a visa that permits you to work in the United States on a full-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of work desired	Type of Employment Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either <input type="checkbox"/>		Date Available
If you are under 18 years of age, can you provide required proof of your eligibility to work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on "lay-off" status and subject to recall?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends or relatives, other than spouse, work here?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Best time to contact you is? _____			AM    PM
How did you learn about us?			

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

Please indicate which of the following skills, experience, etc. you have:

<input type="checkbox"/> Typing - wpm _____	<input type="checkbox"/> Cashiering	<input type="checkbox"/> Accounting / bookkeeping	<input type="checkbox"/> Foreign Language(s) (specify):
<input type="checkbox"/> Shorthand - wpm _____	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Use of transcription equipment	
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Computer Programming (specify):		

List any technical or professional registrations, certifications, and/or licenses which you possess (include expiration dates):


## EMPLOYMENT HISTORY

Start with your present or last job. List periods of unemployment of 2 or more months. Relevant volunteer experience should be included. Use additional sheet(s) if necessary.

Current or last employer		Address	
Job Title	Supervisor's Name	Phone Number	
Beginning Date (mo., yr.)	Starting Salary per hour	Reason for Leaving	
Ending Date (mo., yr.)	Ending Salary per hour	Select One: Full-time    Part-time	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:			

Employer		Address	
Job Title	Supervisor's Name	Phone Number	
Beginning Date (mo., yr.)	Starting Salary per hour	Reason for Leaving	
Ending Date (mo., yr.)	Ending Salary per hour	Select One: Full-time    Part-time	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:			

Employer		Address	
Job Title	Supervisor's Name	Phone Number	
Beginning Date (mo., yr.)	Starting Salary per hour	Reason for Leaving	
Ending Date (mo., yr.)	Ending Salary per hour	Select One: Full-time    Part-time	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner; with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes  No

REFERENCES:	
1. Name & Address	Phone
2. Name & Address	Phone
3. Name & Address	Phone

I hereby affirm that my answers to the foregoing questions are true and correct and I understand that misinterpretation or omission of facts called for in this application, or during the interview process may be cause for rejection of application or immediate discharge from position, if I am hired, regardless of when discovered.

I voluntarily give The Bank of Herrin the right to make a thorough investigation of my past employment, education, and job-related activities. I also agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information. Additionally, I authorize the release of my employment record, in whole or in part, to any prospective employer, government agency, or other party. I also understand that a criminal conviction background investigation may be required for certain security-sensitive positions.

I further understand that my employment would be conditioned upon my compliance with applicable provisions of the Immigration Reform and Control Act of 1986. This federal law requires all employers to verify the identity and employment eligibility of every individual hired within three working days of the date of hire. I will make every effort to obtain any required documents as soon as possible.

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.

\_\_\_\_\_  
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 & Title) \_\_\_\_\_

Date: \_\_\_\_\_

## FAIR CREDIT REPORTING ACT DISCLOSURE

The Bank of Herrin may wish to obtain a consumer report from a consumer reporting agency when considering your application for employment. In this case, the Bank of Herrin seeks your consent to obtain a consumer report because:

- \* The terms consumer, consumer reporting agency, and consumer report are defined in the Fair Credit Reporting Act (FCRA), which applies to you. Under the FCRA, you are a consumer.
- \* A consumer reporting agency is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers to furnish consumer reports to others, such as The Bank of Herrin.
- \* A consumer report is any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, or mode of living that is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

If the Bank of Herrin obtains a consumer report about you, and if it considers any information in the report when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the consumer report and a summary of your rights under the FCRA before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA.

Before the Bank of Herrin can obtain a consumer report about you; you must give your consent in writing. Your signature below confirms that you have read this section completely. Please complete the section below, which allows you to give your consent.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION TO OBTAIN A CONSUMER REPORT

By signing below, I, \_\_\_\_\_, acknowledge that I have read the above document, entitled "Fair Credit Reporting Act Disclosure". I hereby voluntarily authorize the Bank of Herrin and/or its agent, to obtain a consumer report about me from a consumer reporting agency, which may include information about my credit worthiness, credit standing, credit capacity, or mode of living. I also authorize the Bank of Herrin, to consider the report when making decisions regarding my employment at the Bank of Herrin and that I have rights under the Fair Credit Reporting Act, including the rights discussed above in the "Fair Credit Reporting Act Disclosure".

I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The Bank of Herrin complies with the Illinois Job Opportunities for Qualified Applicant Act which, in general, prohibits (with certain exceptions) employers from considering or inquiring into a job applicant's criminal record or history until the individual has been determined qualified for the position and notified of an impending interview, or, if the applicant will not be interviewed, until after a conditional offer of employment is made. A separate form will be provided for use based upon the circumstances described above. When appropriate, the criminal record is checked to protect The Bank of Herrin's interest and that of its employees and customers.