

# APPLICATION FOR EMPLOYMENT

The following information is required in order to help The Bank of Carbondale make the best possible selection of a candidate for employment. All portions of this application must be completed. We appreciate the time you spend in filling in the application form. The Bank, in accordance with State and Federal laws, does not discriminate on the basis of race, color, sex, national origin, religion, age, equal pay, disability and genetic information.

## PERSONAL INFORMATION

NAME			SOCIAL SECURITY NUMBER
LAST	FIRST	(MI)	

PRESENT ADDRESS			
STREET	CITY	STATE/ZIP CODE	

PERMANENT ADDRESS			
STREET	CITY	STATE/ZIP CODE	

PHONE NUMBER	ARE YOU 18 YEARS OF AGE OR OLDER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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IN CASE OF EMERGENCY NOTIFY			
NAME	ADDRESS	PHONE	

ARE YOU PREVENTED FROM LAWFULLY BEING EMPLOYED  
IN THIS COUNTRY DUE TO IMMIGRATION STATUS? YES ☐ NO ☐

## EMPLOYMENT DESIRED

POSITION	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	DATE YOU CAN START	SALARY DESIRED
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HAVE YOU EVER APPLIED FOR A JOB WITH THE BANK BEFORE?	WHEN?
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REFERRED BY

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

COURSES NOW STUDYING

IF CURRENTLY ATTENDING SCHOOL, INDICATE CLASS SCHEDULE:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:	FROM:	FROM:	FROM:	FROM:	FROM:
TO:	TO:	TO:	TO:	TO:	TO:

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE AND RANK
PRESENT MEMBERSHIP IN NATIONAL GUARD YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE OBLIGATION ENDS

## EMPLOYMENT RECORD - starting with most recent employer

1	Company Name	Telephone
	Address	Employed - (State Month And Year)
		From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Weekly pay
	Start Last	
	Reason for Leaving	

2	Company Name	Telephone
	Address	Employed - (State Month And Year)
		From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Weekly pay
	Start Last	
	Reason for Leaving	

3	Company Name	Telephone
	Address	Employed - (State Month And Year)
		From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Weekly pay
	Start Last	
	Reason for Leaving	

## GENERAL

### SPECIAL SKILLS OR EXPERIENCE


## REFERENCES

LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

I hereby consent to having Bank contact anyone that it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance, or suitability for employment. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Because of my existing employment, I request that such contacts and inquiries be delayed until after \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## BACKGROUND INFORMATION

EMPLOYEES ARE EXPECTED TO HANDLE AND BE RESPONSIBLE FOR LARGE SUMS OF MONEY BELONGING TO DEPOSITORS AND INVESTORS IN THE BANK OF CARBONDALE. AS A CONSEQUENCE, THE BANK HAS DETERMINED THAT IT IS NECESSARY TO SEEK INFORMATION ABOUT AN APPLICANT'S CRIMINAL CONVICTION OR CRIMES INVOLVING DISHONESTY, THEFT OR VIOLENCE.

STATE WHETHER OR NOT YOU HAVE BEEN CONVICTED OF A CRIME. \_\_\_\_\_ IF YES, SPECIFY:

TYPE OF OFFENSE

WHEN

COUNTY AND STATE

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

IF YOU HAVE A CRIMINAL RECORD (A CONVICTION), PLEASE EXPLAIN: \_\_\_\_\_

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

**A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, AND FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION, WILL BE TAKEN INTO ACCOUNT.**

BY SIGNING YOUR NAME BELOW, YOU CERTIFY THAT ALL STATEMENTS MADE BY YOU ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE AND THAT YOU HAVE WITHHELD NOTHING THAT WOULD AFFECT THIS APPLICATION UNFAVORABLY. BY SIGNING YOUR NAME BELOW, YOU ACKNOWLEDGE THAT YOU UNDERSTAND THAT MISREPRESENTATIONS OR OMISSIONS MAY BE CAUSE FOR REJECTION, OR MAY BE CAUSE FOR SUBSEQUENT DISMISSAL IF YOU ARE HIRED.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

EEO

YOUR APPLICATION WILL REMAIN ON FILE AND WILL BE CONSIDERED FOR EMPLOYMENT PURPOSE FOR TWELVE (12) MONTHS FROM THE DATE RECEIVED BY THE BANK. IF YOU DESIRE TO BE CONSIDERED FOR EMPLOYMENT SUBSEQUENT TO THAT TIME, A NEW APPLICATION WILL BE REQUIRED.

**DO NOT WRITE ON THIS PAGE**

**FOR INTERVIEWER'S USE**

INTERVIEWED BY: \_\_\_\_\_

DATE:\_\_\_\_\_ COMMENTS: \_\_\_\_\_

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HIRED \_\_\_\_\_ FOR DEPT. \_\_\_\_\_ POSITION \_\_\_\_\_

SALARY WAGES \_\_\_\_\_ WILL REPORT \_\_\_\_\_

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**THE BANK OF CARBONDALE**

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P.O. BOX 2287

CARBONDALE, IL 62902-2287

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FAX: (618) 549-4112