



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Submit with Resume to:
 Peoples National Bank
 Human Resource Department
 P O Box 908
 520 S 42nd Street
 Mt. Vernon, IL 62864

PERSONAL INFORMATION	
Last Name, First Name, MI:	Telephone No.:
Street Address:	Cell Phone No.:
City, State, ZIP:	Email:
Position Applying For:	Location:

Available to work*: Please circle: Full Time Part Time

If part time, when would you be available? Please circle:
 Days: Mon Tues Wed Thurs Fri Sat
 Hours: Morning Afternoon Evening

Are you legally eligible for employment in the US?

Yes No

Are you over 18 Years of Age today?

Yes No

Have you ever been convicted and/or plead guilty or no contest to a crime?

Yes No

If yes, give each date, place, and sentence or fine received and describe in detail the crime you were convicted of committing. Criminal convictions are not an absolute bar to employment but will only be considered in relation to specific job requirements. By law you are not required or obligated to disclose sealed or expunged records of conviction(s) or arrest.

Have you been named in any administrative or legal proceeding? Yes No

If yes, please give details of each instance. _____

Do you personally know any employees of this Company? Yes No

If yes, please identify employee/define relationship. _____

Have you previously worked for Peoples National Bank? Yes No

If yes, in what capacity? _____

If now employed, why do you desire to change your position? _____

List special skills or certifications: _____

EDUCATION			
	NAME CITY & STATE	CERTIFICATION OR DEGREE	MAJOR SUBJECT
High School			
College			
Graduate School			
Other			

**NOTE: You are not obligated nor will PNB ask you to disclose whether you might request time off during these hours for religious practices. Applicants who require an accommodation for religious practices will not be excluded from consideration or otherwise subject to discrimination.*



EMPLOYMENT HISTORY

Please list employment for the past 10 years starting with your present or most recent job. Please explain any gaps of employment. If necessary, use an additional blank page.

Employer	Address	Phone
Position/Title	Dates employed From: To:	Supervisor
FT <input type="checkbox"/> OR PT <input type="checkbox"/> # Hours worked per week	Reason for leaving	

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All applicants who will be engaged in residential loan mortgage originations please provide your NMLS#: _____

Have you entered into a non-compete or non-solicitation agreement with a previous employer that contains restrictive provisions regarding employment? NO YES, please explain _____

Has your employment ended involuntarily for any position listed? NO YES, please explain _____

May we contact any listed employer? YES NO, please explain _____

REFERENCES

Please list five personal or professional references not related to you.

Name	Address	Phone
Position/Title	How long have you known this person	Nature of Relationship

Name	Address	Phone
Position/Title	How long have you known this person	Nature of Relationship

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I understand that as part of the normal procedure for processing my employment application, a consumer report may be obtained from a consumer reporting agency. I also understand that I will be informed if such a report affects the hiring decision, and I have the right to make a written request to receive detailed information about the nature and scope of this investigation. I authorize the Company and its agents to verify the information on this application. I authorize all persons, schools, companies and law enforcement authorities to release information concerning my background, references, DMV and drug testing, and I hereby release them from any liability for any damage whatsoever for issuing this information.

In the event that I am hired, I understand that my employment can be terminated with or without cause, and with or without notice, at any time at the option of either the Company or myself. I understand that no employee or agent of the Company other than the President is authorized to offer me an employment relationship other than one which is terminable at will.

I certify that all of the facts contained in this application are true and complete to the best of my knowledge. I understand that omission or misrepresentation of information or facts may be grounds for rejection of this application and/or for dismissal from employment if subsequently discovered.

I authorize Peoples National Bank to investigate any of the statements contained herein and the references listed above for any information, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing the same to you. I further authorize Peoples National Bank to provide information and references during and/or after any employment I may have with the Bank, one of its subsidiaries or affiliates in compliance with any state or federal law. I have the right to terminate the Bank's authorization to provide information and/or references to third parties by submitting a request in writing to the Human Resources Department.

In consideration of my employment, I agree to comply with all current and future rules, regulation, and employment policies of Peoples National Bank.

Applicant's Signature

Date



AFFIRMATIVE ACTION VOLUNTARY INFORMATION

We consider all applicants for positions without regard to race, color, religion, gender, national origin, age, protected veteran status, disability, sexual orientation, gender identity, or any other legally protected status. We also comply with all applicable laws governing employment practices, including affirmative action responsibilities where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of your official application for employment. It will not be used in any hiring decision. The data will be used and kept confidential in accordance with applicable laws and regulations.

Please Print Legibly

Position(s) applied for _____ Date _____/_____/_____

Location(s): _____

Referral Source

- Employment Agency
- Employee Referral
- Other Source: _____
- PNB Website
- Other Website: _____
- Newspaper

Applicant Information

Name _____ Telephone _____
Last First Middle Initial

Address _____
Street City State Zip Code

Gender: Male Female

Please check any of the following Equal Employment Opportunity Identification Groups: Two or more races

- White (not of Hispanic origin)
- Black or African American (Not of Hispanic origin)
- Hispanic or Latino
- Native American Indian/Alaskan Native**
- Asian
- Native Hawaiian or Other Pacific Islander

**If Native American Indian, check if any of the following are applicable:

- Formal member of a particular tribe
- Have a membership card issued by the tribe
- Have a Certificate of Degree of Indian Blood issued by the Bureau of Indian Affairs
- Are considered an American Indian in your community
- Used American Indian School or Hospital



I am a Protected Veteran: Yes No

Definitions – Protected Veteran is one of the following:

1. A Disabled Veteran means (i) 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, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

2. Armed Forces Service Medal Veteran means a 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 12985 (61 Fed.Reg. 1209) at <http://www.opm.gov/veterans/html/vgmedal2.asp>.

3. Recently Separated Veteran means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

4. Active - Duty Wartime or Campaign Badge Veteran means a 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. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A replica of that list is enclosed with the annual VETS-100A mailing. A copy of the list also may be obtained by sending an email to helpdesk@vets100.com or by calling (301) 306-6752 and requesting that a copy be mailed to you.

Voluntary Self-Identification of Disability

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____