



**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.

<b>Employer</b>	<b>City/State</b>	<b>Phone</b>
<b>Position/Title</b>	<b>Dates employed</b> From:                      To:	<b>Supervisor</b>
<b>Full time <input type="checkbox"/> or Part time: <input type="checkbox"/></b>	<b>Reason for leaving</b>	<b>May we contact?</b>

<b>Employer</b>	<b>City/State</b>	<b>Phone</b>
<b>Position/Title</b>	<b>Dates employed</b> From:                      To:	<b>Supervisor</b>
<b>Full time <input type="checkbox"/> or Part time: <input type="checkbox"/></b>	<b>Reason for leaving</b>	<b>May we contact?</b>

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<b>Full time <input type="checkbox"/> or Part time: <input type="checkbox"/></b>	<b>Reason for leaving</b>	<b>May we contact?</b>

<b>Employer</b>	<b>City/State</b>	<b>Phone</b>
<b>Position/Title</b>	<b>Dates employed</b> From:                      To:	<b>Supervisor</b>
<b>Full time <input type="checkbox"/> or Part time: <input type="checkbox"/></b>	<b>Reason for leaving</b>	<b>May we contact?</b>

Has your employment ended involuntarily for any position listed?  YES  NO  
 If yes, please explain.

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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?  YES  NO If yes, please provide a copy.

**REFERENCES**

**Please list 3 professional (coworkers, managers, etc.) and 2 personal references (not related to you).**

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 Code City State Zip

Gender: Male Female

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

White Black or African American (not of Hispanic origin) Hispanic or Latino Asian

Native American Indian/Alaskan Native\*\* Native Hawaiian or Other Pacific Islander

\*\*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](mailto:helpdesk@vets100.com) or by calling (301) 306-6752 and requesting that a copy be mailed to you.

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want 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: \_\_\_\_\_