



# Application for Employment

Return to:  
Morton Community Bank  
Attention-HR Dept.  
101 S. Chestnut St., Tremont, IL 61568

For Office Use Only

Date \_\_\_\_\_  
Job Title \_\_\_\_\_  
Department \_\_\_\_\_  
Starting Salary \_\_\_\_\_  Yearly  Monthly  Bi-Weekly  
Authorized Signature \_\_\_\_\_

This application can be filled out by hand or on any computer using the free Adobe Acrobat program. If you fill this application out on a computer you can save a copy for yourself. Print and sign a copy to be returned to the bank.

### Please read the following before filling out this application form

This institution is an equal opportunity employer and does not discriminate in recruiting, hiring, promoting or other employment practices for reasons of race, color, religion, sex, national origin or on the basis of age. We do not discriminate against veterans or the handicapped. No question in this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. The institution at its own expense, arranges for a surety bond for each of its employees. Unless the applicant's background is acceptable to a surety company, it will be difficult to secure this bond and the institution may be unable to offer employment.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Name most commonly called \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_ How do you want us to contact you?  Phone  Email  Mail

Current address  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Addresses for the last five years  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position desired \_\_\_\_\_  Full Time  Part Time How soon could you start work \_\_\_\_\_ Rate of pay expected \_\_\_\_\_  
How did you come to apply?  Employee Referral Name: \_\_\_\_\_  Former Employee  College Recruitment  Web Ad or Web Site  Walk-in  
 Newspaper Ad  High School Recruitment  Employment Agency  Other \_\_\_\_\_

In order to secure a position in a bank your background and past record must be acceptable. It is useless to apply unless a fidelity bond can be secured  
Have you ever been bonded?  Yes  No Have you ever been refused bond?  Yes  No If Yes, state reason and date \_\_\_\_\_

Complete only if applying for a driver position Do you have a valid Driver's License?  Yes  No Has it ever been revoked?  Yes  No

### Health

I understand that all applicants accepted for employment may be required to have a physical examination (which is paid for by the bank and conducted by a doctor selected by the bank).  
 I understand that all applicants accepted for employment may be required to undergo a drug screening.

### References

Have you ever been employed here before?  Yes  No Have you ever applied here before?  Yes  No Are you related to anyone currently employed here?  Yes  No If yes, please explain \_\_\_\_\_

List references who are not relatives

Name	Address	Telephone Number	Occupation	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Work Experience

Present and past employment for the last five years, including part time employment. List most current employment first.

Employer Name _____	Employment Dates Month/Year From _____ To _____
Address _____	Salary/Pay Starting _____ Ending _____
City, State Zip _____ Phone _____	Specify pay type - hourly, yearly, weekly, etc. _____
Type of Business _____ Title/Position _____	Reason for leaving _____
Describe your work _____	
Employer Name _____	Employment Dates Month/Year From _____ To _____
Address _____	Salary/Pay Starting _____ Ending _____
City, State Zip _____ Phone _____	Specify pay type - hourly, yearly, weekly, etc. _____
Type of Business _____ Title/Position _____	Reason for leaving _____
Describe your work _____	
Employer Name _____	Employment Dates Month/Year From _____ To _____
Address _____	Salary/Pay Starting _____ Ending _____
City, State Zip _____ Phone _____	Specify pay type - hourly, yearly, weekly, etc. _____
Type of Business _____ Title/Position _____	Reason for leaving _____
Describe your work _____	

## Military Record

Have you ever served in the military?  Yes  No If so, which branch? \_\_\_\_\_ Date Entered Service \_\_\_\_\_ Date Discharged \_\_\_\_\_

Rank when discharged \_\_\_\_\_

If you are now a member of a National Guard or reserve unit what is the name and location of the unit \_\_\_\_\_

Special military schooling, training or experience \_\_\_\_\_

## Education

List educational history, beginning with high school(s) at the top, then college(s), then other (trade schools, apprenticeships, etc)

School Name and Location \_\_\_\_\_

Graduated  Yes  No Diploma or Degree \_\_\_\_\_ Major and Minor Studies \_\_\_\_\_

School Name and Location \_\_\_\_\_

Graduated  Yes  No Diploma or Degree \_\_\_\_\_ Major and Minor Studies \_\_\_\_\_

## Skills

Select or list any special training, experience, education or skills that may qualify you for a specific position

- Word Processing  Computer Networks  Accounting  Credit Administration  Marketing  
 Spread Sheet Programs  Computer desktops  Bookkeeping (bank)  Maintenance/Repair  Human Resources  Other (list details below)

\_\_\_\_\_

List professional organizations in which you are active. Do not include any groups the name of which would indicate the race, creed, color, religion or national origin of its members.

\_\_\_\_\_

What languages do you speak, read or write fluently?

\_\_\_\_\_

- A I hereby agree to being fingerprinted before or during my employment and agree to my fingerprint record being processed by the FBI.
- B I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.
- C I fully understand that because of the nature of the business conducted by the institution that all information, whether written, spoken or otherwise communicated or obtained, and all files and records of any and every description relating to the business of the institution or to anyone with whom the institution has dealings, constitute privileged matters and are to be treated in a strictly confidential manner. I fully understand and agree that, should I enter the employ of the institution, I am not to, and will not at any time, communicate or reveal any business of the institution or any such information or records or files or the matters contained therein to unauthorized personnel with the institution or to anyone outside the institution. I also understand that any violation of the foregoing shall be sufficient grounds for termination of my employment.
- D In the event I am employed by the institution, I will comply with all rules and regulations as set forth in the institution's policy manual or other communications distributed to all employees.
- E In the event I am employed by the institution, I hereby assent to a physical examination conducted by a physician selected by the institution. (Exam will be paid for by the institution.)
- F In the event I am employed by the institution, I hereby assent to a random drug screening test conducted by a lab selected by the institution. (Screening will be paid for by the institution.)
- G I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.
- H I understand that in the event of suspected embezzlement, theft or misappropriations, polygraph testing will be used in compliance with the Employee Polygraph Protection Act.
- I I understand that, if I am employed a photograph may be later required for attachment to my personnel file.
- J I understand and agree that, if I am offered employment with this Company, it will be on an "at-will" basis. This means that either the Company or I may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at-will" nature of employment with this Company may not be changed; except by a written statement signed by an officer of this company and myself.
- K I hereby acknowledge that I have read the above statements and understand the same.

\_\_\_\_\_

Application Date

\_\_\_\_\_

Applicant's Signature

This notice is to advise you that your application for employment will be processed as quickly as possible. Public Law 91-508 requires that we advise you that a routine inquiry may be made during our initial or subsequent processing which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

**Fair Credit Reporting Act Disclosure Form**

By this document, Morton Community Bank discloses to you that a consumer report, including an investigative consumer report, which may include information as to your character, general reputation, personal characteristics, and mode of living may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to make a written request for a complete disclosure of the nature and scope of the investigation requested.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Driver's License State of Issue \_\_\_\_\_

Authorization

I hereby authorize Morton Community Bank to obtain consumer reports including, but not limited to, an employment credit report, criminal history, driving record history, workers' compensation report (which may include medical information), and verification of any information provided by me on the application form, as part of the pre-employment background check and at any time during my employment. These reports may be considered "investigative consumer reports" that include information as to my reputation, personal characteristics, character, and mode of living that is gathered through personal interviews with sources such as former employers.

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

**Employment Credit Report**

Financial responsibility is expected for employment with Morton Community Bank. I fully understand that an employment credit report from a credit bureau will be printed prior to my being considered for employment with Morton Community Bank.

\_\_\_\_\_  
Initials

### Voluntary Self-Identification

Morton Community Bank policy is to provide equal employment opportunity to all qualified applicants and employees without regard to race, color, religion, national origin, sex, age, disability, veteran's status or other conditions, as legally required, and to ensure equal employment opportunities for all applicants and employees.

The employer is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants and employees to voluntarily self-identify their ethnicity or race. *Submission of the information is voluntary* and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Date \_\_\_\_\_

For Applicants

Positions applied for: \_\_\_\_\_

**Name:**

(Please Print) \_\_\_\_\_  
Last First Middle Initial

**Sex:**

- Female  
 Male

**Ethnicity:**

- Yes Are you Hispanic or Latino? If yes, then stop here.  
 No If no, then please continue to the following question about race.

**Race:**

If you did not identify as Hispanic or Latino, please identify yourself in one of the following race categories:

- White  
 Black or African American  
 Asian  
 Native Hawaiian or other Pacific Islander  
 American Indian or Alaskan Native  
 Two or more races

Waiver:

I have read and understand the information above and choose to not provide information at this time.

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

Print Name: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

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

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I 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:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive Compulsive disorder
- Impairments requiring the use of wheelchair
- Intellectual disability (previously called mental retardation)

Yes, I have a disability (or previously had a disability)

No, I don't have a disability

I don't wish to answer

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Your Name

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Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, 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).

**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.

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Please list any reasonable accommodations you may require

## Invitation to Self-Identify (VEVRAA)

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. §4212 (VEVRAA), which requires Government Contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A *"disabled veteran"* is one of the following: 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 a person who was discharged or released from active duty in the service-connected disability.

A *"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.

An *"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 under the laws administered by the Department of Defense.

An *"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.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veteran listed above.

I am NOT a protected veteran.

I choose NOT to disclose.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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