

EMPLOYMENT APPLICATION

The Farmers Bank

9 East Clinton St.
Frankfort, IN 46041
(765)-654-8731

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number (Home)		Social Security Number	
Telephone Number (Cell)		Email Address	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

Have you ever been employed with us before?

Yes No

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you legally authorized to work in the United States?

Yes No

Proof of identity and eligibility to work will be required upon employment.

On what date will you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a crime in the last 10 years, other than criminal records that have been expunged by a court?

Yes No

(A criminal conviction is not necessarily a bar to employment)

If yes, please explain _____

In reference to the Americans with Disabilities Act (ADA), are you able to perform the essential functions of the job: with reasonable accommodation without reasonable accommodation

Education

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

Indicate any foreign languages you can speak, read and / or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or most recent job and provide all information requested, going back until the end of your formal education or going back twenty (20) years, whichever occurred most recently. Include any job-related military service assignments and full-time volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
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Job Title	Supervisor			
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Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p>

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience that relates to the position you are seeking.

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Computer/PC	<input type="checkbox"/> Excel/Spreadsheet	<input type="checkbox"/> Copier
<input type="checkbox"/> Calculator	<input type="checkbox"/> Bookkeeping/Accounting	<input type="checkbox"/> Money Handling
<input type="checkbox"/> Keyboarding	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Fax

State any additional information you feel may be helpful to us in considering your application.

References

1.	(Name)	(Phone #)
	(Address)	(Relationship)
2.	(Name)	(Phone #)
	(Address)	(Relationship)
3.	(Name)	(Phone #)
	(Address)	(Relationship)

**Attestation of Accurate and Full Disclosure
of Information and Authorization
to Perform Background Check**

I hereby affirm that my answers to all questions on this application form and all information I have provided, and will provide, in connection with my application for employment is true and correct. I have not knowingly withheld, and will not withhold, any facts or information requested.

I understand and authorize The Farmers Bank to conduct a background investigation about me including my prior education, prior employment, credit history, criminal background and driving record, and my character and general reputation, in connection with my application for employment and in connection with my continued employment with The Farmers Bank.

This application for employment shall be considered active for a period of time not to exceed 180 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that if The Farmers Bank determines that I have falsified or knowingly withheld information requested, I will be disqualified from consideration of employment or, if already employed, my employment will be terminated. I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application or continued employment. In the event of my employment, I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Fair Credit Reporting Act Background Investigation Disclosure and Authorization

I authorize the Farmers Bank to obtain and review investigative consumer reports containing information about my character, general reputation, personal characteristics and credit history from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities, for purposes of evaluating my eligibility for employment, continued employment, reassignment, promotion, or if applicable, for rehire. The report may contain information from documents and personal interviews with sources such as neighbors, friends, former employers, former educators and associates.

In connection with this Authorization, I acknowledge that I understand my rights under the Fair Credit Reporting Act (FCRA). In accordance with the FCRA, I am entitled to know if my employment application or my employment is affected because of information obtained by The Farmers Bank from a consumer reporting agency. If so, I will be notified and given the name of the agency in order to dispute any information in the report that I believe may be inaccurate or incomplete.

A telephonic facsimile or copy of the Authorization shall be as valid as the original. My signature below authorizes The Farmers Bank to conduct a background investigation as discussed above and for the agency, entity or individual to provide the information requested.

Print Name _____

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State Issued _____

Current Address _____

City/State/Zip Code _____

Applicant's Signature _____ Date _____

Prospective Employer _____

Drug Test Consent Form

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow Occupational Health Services, Frankfort, Indiana or Witham Hospital, Lebanon, IN to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, The Farmers Bank. In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against The Farmers Bank, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs or court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Signed this _____ day of _____, 20_____.

Signature

Name Printed

Social Security Number

Voluntary Self-Identification Form

The Farmers Bank is an Equal Opportunity Employer. The Equal Employment Opportunity Commission has provided the following statement about the voluntary nature of this inquiry and requires us to ask the questions below.

The Farmers Bank is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential (separate from personnel files) 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. Thank you for your cooperation.

Section 1: General Applicant Information

Name: _____ Date: _____

Position applying for: _____

Section 2: Gender Information: What is your Gender? ___ Male ___ Female

Section 3: Ethnicity and Race Information:

1. Are you Hispanic or Latino? – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. Yes (Proceed to Section 5) No (Proceed to next question)

2. What is your Race?

- White** (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black/African American** (not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native** (not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central American), and who maintain tribal affiliation or community attachment.
- Two or More Races** (not Hispanic or Latino) – All persons who identify with more than one of the above five races. Please list your races: _____

Section 4: Self-Identification: If you do not wish to self-identify, please check here. _____

Section 5: Referral Source: How did you hear of our opening? (please give the same response as was used on the application):

Current Employee Newspaper Ad Recruiter Other – Explain:

Signature _____ Date _____

	Position	Job Group
For Human Resources Use Only:		

Voluntary Self-Identification Form for Veterans and Individuals with Disabilities

The Farmers Bank is a Government contractor subject to §503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified disabled individuals and qualified disabled veterans, recently separated veterans, other protected veterans and Armed Forces service medal veterans. If you are a disabled individual or a disabled veteran or recently separated veteran, other protected veteran or Armed Forces service medal veteran, we would like to include you in our affirmative action program. If you would like to be included in the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Rehabilitation Act and the Vietnam Era Veterans' Readjustment Assistance Act. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP or enforcing the Americans with Disabilities Act may be informed.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Information (please print)

Name: _____ Date: _____

Position applying for: _____

Section 2: Self-Identification: If you do not wish to self-identify, please check this box and turn in this form.

Section 3: Disabled Individuals, Veterans and Disabled Veterans Status Identification*

1. **Disabled individual**
2. **Disabled veteran:** A veteran entitled to compensation (or who but for the receipt of military retiree pay would be entitled to compensation) under laws administered by the Secretary, or was discharged or released from active duty because of a service-connected disability.
3. **Recently separated veteran:** A veteran discharged or released from active duty within the last three years.
4. **Other protected veteran:** A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense
5. **Armed Forces service medal veteran:** A person who, while serving on active duty in the Armed Forces participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 Fed. Reg. 1209).
6. **Veterans of the Vietnam Era:** A person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location. 'Newly Separated Veterans'
7. **None of the Above**

*A VetGuide is available for review to determine if you were in a campaign or expedition qualifying you for preferential treatment.

Section 4: Information Regarding Special Qualifications and Requested Accommodations

1. Please advise of any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any position of that kind: _____

2. Please tell us the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations: _____

Signature _____ Date _____

For Human Resources Use Only:	Position	Job Group Accommodations Made