



# Application for Employment

The filing of this application and the acceptance thereof does not indicate that there are positions open, and in no way obligates The Bank of Herrin. The information contained herein will be considered confidential and is the property of The Bank of Herrin. We consider applicants for positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. It will be to the applicants advantage to answer each question fully, accurately, and honestly.

BIOGRAPHICAL DATA			
Last Name	First Name	Middle Initial	
Date of Birth	Social Security Number	Home Phone	Business Phone
Mailing Address		City and State	Zip Code
Are you a citizen of the United States or do you have a Visa that permits you to work in the United States on a full-time basis? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Type of Work Desired	Type of Employment Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either <input type="checkbox"/>		Date Available?
Special Notes (Specialties, Clubs, Programs, Degrees):   			
Have you ever filed an application with Bank of Herrin before?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed with us before?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently employed?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any of your friends or relatives, other than spouse, work here?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Best time to contact you?		MON TUE WED TH FRI SAT SUN	AM PM
How did you learn about us?			Friend, Online, Employee?

EMPLOYMENT DATA		
Current Employer:		Address:
Job Title	Supervisors Name:	Telephone Number
Beginning Date (mo,yr)		Full-time or Part-time
Ending Date (mo,yr)		May we contact this employer? Yes No
Duties:		

Past Employer:		Address:
Job Title	Supervisors Name:	Telephone Number
Beginning Date (mo,yr)		Full-time or Part-time
Ending Date (mo,yr)		May we contact this employer? Yes No
Duties:		

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a resonable manner, with or without a reasonable accomodation, the activities involved in the job or occupation for which you have applied? (Circle One) Yes No

REFERENCE DATA	
1. Name and Address	Phone Number ( )
2. Name and Address	Phone Number ( )
3. Name and Address	Phone Number ( )

FAIR CREDIT REPORTING ACT DISCLOSURE

The Bank of Herrin may wish to obtain a *consumer report* from a *consumer reporting agency* when considering your application for employment. In this case, the Bank of Herrin seeks your consent to obtain a *consumer report* because:

- \* The terms *consumer*, *consumer reporting agency* and *consumer report* are defined in the Fair Credit Reporting Act (FCRA), which applies to you. Under the FCRA, you are a *consumer*.
- \* A *consumer reporting agency* is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers to furnish *consumer reports* to others, such as the Bank of Herrin.
- \* A *consumer report* is any written, oral, or other communication of any information by a *consumer reporting agency* bearing on a consumer's credit worthiness, credit standing, credit capacity, or mode of living that is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

If the Bank of Herrin obtains a *consumer report* about you, and if it considers any information in the report when making an employment-related decision that directly and adversely affects you, you will be provided a copy of the *consumer report* and a summary of your rights under the FCRA before a decision is finalized. You may also contact the Federal Trade Commission about your rights under the FCRA.

Before the Bank of Herrin can obtain a *consumer report* about you; you must give your consent in writing. Your signature below confirms that you have read this section completely. Please complete the section below, which allows you to give consent.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION TO OBTAIN A CONSUMER REPORT**

By signing below, I \_\_\_\_\_, acknowledge that I have read the above document titled "Fair Credit Reporting Act Disclosure". I hereby voluntarily authorize the Bank of Herrin and/or its agent, to obtain a *consumer report* about me from a *consumer reporting agency*, which may include information about my credit worthiness, credit standing, credit capacity, or mode of living. I also authorize the Bank of Herrin to consider the report when making decisions regarding my employment at the Bank of Herrin, and that I have rights under the Fair Credit Reporting Act, including the rights discussed above in the "Fair Credit Reporting Act Disclosure".

I agree that a photocopy of telephone facsimile of this authorization shall be valid as the original.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_