



APPLICATION FOR EMPLOYMENT

ABOUT OUR COMPANY

Thank you for your interest in applying for a job with our company. Because of our commitment to offering the highest possible satisfaction to our customers, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivations, and interests, so that we can make a careful and deliberate hiring decision that will benefit both the company and our employees. Please answer the following questions honestly and completely. **Please complete this application in full, even if you are attaching a resume.**

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, handicap/disability, ancestry, genetics or any other legally protected class.

Disabled applicants can request any accommodation needed to enable them to complete this application.

Date of application: _____

PERSONAL INFORMATION

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Cell Phone: () _____

Are you legally authorized to work in the United States? Yes ___ No ___ Are you 18 years old or older? Yes ___ No ___

Have you ever been discharged or asked to resign by an employer? Yes ___ No ___ If yes, please explain:

(A record of criminal conviction will not necessarily be a bar to employment, since the company will consider factors such as age, time of the offense, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.)

Have you ever been convicted of a crime, other than minor traffic violations? Yes ___ No ___ If yes, please explain:

YOUR JOB INTERESTS

Position desired: _____ Date you can start work: _____

What starting salary or wage do you expect: \$ ____/hr \$ ____/wk \$ ____/month

Are you available for full-time work? Yes ___ No ___ Part-time work? Yes ___ No ___ Overtime? Yes ___ No ___

Are you willing to work any shift? Yes ___ No ___ If no, which shift (s) can't you work? _____

Are there any days of the week when you would not be available to work? _____

How did you learn of this job opening? _____

Have you ever worked for this company before? Yes ___ No ___

When? _____ Who was your supervisor? _____

Why did you leave? _____

YOUR EDUCATION AND TRAINING

Name of School	City/State	Course of Study	Degree	GPA
(High School)				
(College)				
(Trade School)				
(Other)				

What extracurricular activities did you participate in or special skills did you acquire, at the above school(s) which might be helpful for the job in which you are applying?

YOUR WORK EXPERIENCE

Beginning with your present or most recent employer, describe your employment experiences below:

Are you presently employed? Yes ___ No ___

Are you on layoff and subject to recall? Yes ___ No ___ If yes, to where? _____

1. Present or last employer: _____

Address: _____

Kind of business: _____ Phone: _____

Starting position: _____ Pay: \$ _____

Final position: _____ Pay: \$ _____

Dates employed: From: _____ To: _____ Name & title of supervisor: _____

Description of your work and responsibilities: _____

Reason for leaving: _____

Will you receive a satisfactory reference from this employer? Yes ___ No ___ If no, please explain:

May we contact your present employer at this time? Yes ___ No ___ If no, please explain:

2. Next previous employer: _____

Address: _____

Kind of business: _____ Phone: _____

Starting position: _____ Pay: \$ _____

Final position: _____ Pay: \$ _____

Dates employed: From: _____ To: _____ Name & title of supervisor: _____

Description of your work and responsibilities: _____

Reason for leaving: _____

Will you receive a satisfactory reference from this employer? Yes ___ No ___ If no, please explain:

3. Next previous employer: _____

Address: _____

Kind of business: _____ Phone: _____

Starting position: _____ Pay: \$ _____

Final position: _____ Pay: \$ _____

Dates employed: From: _____ To: _____ Name & title of supervisor: _____

Description of your work and responsibilities: _____

Reason for leaving: _____

Will you receive a satisfactory reference from this employer? Yes ___ No ___ If no, please explain:

4. Next previous employer: _____

Address: _____ Phone: _____

5. Next previous employer: _____

Address: _____ Phone: _____

YOUR DRIVING RECORD

Please complete this section if the job for which you are applying might require you to drive company vehicles.

Do you have a valid driver's license? Yes ___ No ___ Type of license: _____

License number and state: _____ Expiration date: _____

Have you had any accidents in the last five years? Yes ___ No ___ If yes, please give details:

Have you been cited for any moving violations in the last five years? Yes ___ No ___ If yes, please give details:

Has your driver's license ever been suspended, revoked, denied or canceled? Yes ___ No ___ If yes, please

explain: _____

YOUR MILITARY EXPERIENCE – (Completion is optional)

Have you ever been in the United States Armed Services? Yes ___ No ___ What branch? _____

Describe any skills you acquired in the service which would be useful to the job for which you are applying:

YOUR REFERENCES

List the names of any professional or personal character references who have known you for the last three years and from whom you can obtain letters of recommendation. Please do not list relatives.

1. Name: _____ Occupation: _____

Address: _____ City/state/zip: _____ Phone: _____

Relationship to applicant: _____ Length of time known: _____

2. Name: _____ Occupation: _____

Address: _____ City/state/zip: _____ Phone: _____

Relationship to applicant: _____ Length of time known: _____

3. Name: _____ Occupation: _____

Address: _____ City/state/zip: _____ Phone: _____

Relationship to applicant: _____ Length of time known: _____

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application, all of the information I have supplied on any and all resumes and/or written communications and all of the information I have supplied during and all oral interviews is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to the company, would affect my application unfavorably.

If I am hired by the company, and if the company discovers at any time during my employment that any of the statements or answers on this application, resume and/or any and all other written or oral communications are false, misleading, or incomplete; I may be dismissed immediately from my job.

This employment application will be considered active for ninety (90) days from the date below. If I want to be reconsidered for a job with the company after this period of time, I must fill out another application.

If I am extended an offer of employment, I agree to submit to a medical examination which may include testing for illegal drugs or alcohol prior to beginning work with the company. I understand that any offer of employment is conditional on passing such medical exam. I understand that if I am employed by the company, I may be required, when job related and consistent with the company's business needs, to undergo a medical examination, which may include testing for alcohol and illegal drugs. I further understand that I may be required to submit to a test for the use of illegal drugs and alcohol at any time.

In consideration of my employment with the company, I agree to abide by all the company's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between me and the company. If I am hired by the company, my employment and compensation are "at will," which means that my employment can be terminated, either by the company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing. Only the President of the company has the authority to enter into an employment agreement with me for any specified period of time.

I agree to release to the company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the company's business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

In the event of my personal indebtedness to the company, I authorize the company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the company.

****READ CAREFULLY BEFORE SIGNING**** Any claim or lawsuit relating to my service with The Killbuck Savings Bank must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary to the fullest extent allowed by law.

I give the company my permission to conduct any investigation regarding the information contained in my employment application, which the company thinks is necessary to determine my qualifications for assuming a job with the company. I give the company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to the company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

Date

Signature



NOTIFICATION and AUTHORIZATION FORM
for EMPLOYMENT CREDIT REPORTS

I authorize The Killbuck Savings Bank Co. to obtain a credit report on myself through the credit reporting agency of its choice. If employed, I further authorize The Killbuck Savings Bank Co. to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, The Killbuck Savings Bank Co. will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

Printed Name

Date

Signature



EQUAL EMPLOYMENT OPPORTUNITY FORM

APPLICANT INFORMATION

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Cell Phone: () _____

Position Applied for: _____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Other

Gender

- Female
- Male

Military Service

- Pre-Vietnam Era
- Vietnam Era
- Post-Vietnam Era
- Disabled Veteran

How did you hear about this position?

- Newspaper
- Company Employee
- Professional Publication
- Job Fair
- Placement Office
- Web Site
- Other _____

Voluntary Self-Identification

Confidential: Statistical Use Only
Applicant Version

The Killbuck Savings Bank, Company is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state or local law. As required by law, we must record certain information as part of our Affirmative Action Program and Equal Employment Opportunity (EEO) Reporting.

Applicants for employment are invited to participate in the Affirmative Action Program and EEO Reporting by reporting their status as outlined below. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program and EEO Reporting and will be kept separate from your application. We are a bank that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below in full. Thank you for your cooperation. We appreciate your help with our reporting requirements.

SECTION 1: GENERAL APPLICANT INFORMATION

Name:	Date:
Position Applied For:	Date of Birth:
Location of Application Submission:	SSN:

SECTION 2: PLEASE CHECK ALL THAT APPLY

<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to Self-Identify with respect to Gender	<u>Please indicate source of your referral to [Bank]:</u> <input type="checkbox"/> [Bank] Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Career or Workforce Center <input type="checkbox"/> Website <input type="checkbox"/> Traveled by Local Office <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> [Bank] Customer <input type="checkbox"/> Magazine or Phone Book <input type="checkbox"/> [Bank] Recruiting Event <input type="checkbox"/> Other _____
<u>Race or Ethnic Identity:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races or Ethnic Groups (not Hispanic or Latino) <input type="checkbox"/> I do not wish to Self-Identify with respect to Race or Ethnic Identity	
<u>Disability Status</u> <input type="checkbox"/> I am not an Individual with Disabilities <input type="checkbox"/> I want to read more about disclosing being an Individual with Disabilities (please read and complete Section 3) <input type="checkbox"/> I do not wish to Self-Identify with respect to being an Individual with Disabilities	
<u>Veteran Status</u> <input type="checkbox"/> I am not a Veteran <input type="checkbox"/> I want to read more about disclosing being a Veteran (please read and complete Section 3) <input type="checkbox"/> I do not wish to Self-Identify with respect to being a Veteran	

SECTION 3: SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES

Government contractors are subject to 38USC2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

Please check all that apply:

- Vietnam Era Veteran
 - Other Protected Veteran
 - Other (Please specify): _____
 - Individual with Disabilities
 - I have read Section 3 and wish to identify that I am not a Veteran
 - I have read Section 3 and wish to identify that I am not an Individual with Disabilities
 - I have read Section 3 and do not wish to Self-Identify
- Disabled Veteran
 - Recently Separated Veteran
- Special Disabled Veteran
 - Armed Forces Service Medal Veteran

SECTION 4: ACKNOWLEDGEMENT AND SIGNATURE

I hereby acknowledge that I have voluntarily completed this self-identification form.

Applicant Signature

Date

Personal and Confidential
These pages contain sensitive information and will be stored in a secure file, separate from applications and personnel records.