



GREENVILLE NATIONAL BANK

446 South Broadway

Greenville, Ohio 45331

PH 937-548-1114

FAX 937-548-0650

www.greenvillenationalbank.com

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, qualified disability, or any other protected status. Qualified applicants are considered for employment according to the laws of the respective state of employment.

INSTRUCTIONS: Applicants must furnish complete and accurate information. Incomplete applications will not be considered for employment. In case of resume, fill out complete application and attach resume to back. Federal laws and regulations require this company to investigate and verify all information provided.

(PLEASE PRINT)

Date of application: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____ Lived there since: _____

Home Phone: _____ Cell Phone : _____

Email Address: _____

Social Security Number: _____ Position Desired: _____

Date available to start: _____ Salary/Compensation Desired: _____

Full-Time Part-Time Days Evenings Weekends Other: _____

(It is not necessary for you to identify unavailability for work because of religious observance or practice. After, and if, a job offer is made, we will consider whether a reasonable accommodation can be made for your observance.)

Referral Source: Employment Agency Advertisement Walk-In Applicant

Have you ever applied for a position with us? Yes No If "Yes", when and where? _____

Have you ever been employed by us? Yes No If "Yes", when and where? _____

EDUCATIONAL DATA

High School: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____ Diploma received: () Yes () No

College: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____ Dates Attended: _____

Degree received: _____ Grade Point Average: _____

Trade, Business or Correspondence School: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Major: _____ Dates Attended: _____

Degree received: _____

Are you planning to pursue further studies? Yes No If "Yes", When, Where and What courses? _____

GENERAL INFORMATION

(In responding to these questions, continue on a separate sheet if you require additional space.)

If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.? Yes No

(Pursuant to the Immigration Reform and Control Act of 1986, all applicant's who receive an offer of employment must immediately complete an I-9 form and produce documentation, no later than seventy-two hours after commencement of employment, establishing their identity and authorization for employment in the United States.)

If employment is offered, can you provide personal identification such as U.S. Passport, a driver's license or photographic identification card issued by the state? Yes No

Are you over 18 years of age? Yes No If "No", state age: _____ (If "No", Employment is subject to verification that you are of legal age to work.)

Have you ever been convicted of or plead guilty to a crime? Yes No (A conviction will not automatically disqualify you from being considered as a candidate for employment.) If "Yes", please explain: _____

RESIDENTIAL HISTORY

(This information is needed and will be used only in relationship to your background check.)

(All Applicants Must Account For The Last 10 Years.)

List Below Starting With The Last Previous Address First:

City: _____

County: _____ State: _____ Zip: _____

Lived There From: _____ To: _____

City: _____

County: _____ State: _____ Zip: _____

Lived There From: _____ To: _____

City: _____

County: _____ State: _____ Zip: _____

Lived There From: _____ To: _____

City: _____

County: _____ State: _____ Zip: _____

Lived There From: _____ To: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job, account for all periods of time, unemployment and military service included.

(All Applicants Must Account For The Last 10 Years.)

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

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor's Name: _____

Position Held: _____ Full-Time Part-Time

Job Duties & Responsibilities: _____

Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month

Reason For Leaving: _____

May we contact this employer? Yes No If "No", please explain: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor's Name: _____

Position Held: _____ Full-Time Part-Time

Job Duties & Responsibilities: _____

Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month

Reason For Leaving: _____

May we contact this employer? Yes No If "No", please explain: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor's Name: _____

Position Held: _____ Full-Time Part-Time

Job Duties & Responsibilities: _____

Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month

Reason For Leaving: _____

May we contact this employer? Yes No If "No", please explain: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor's Name: _____

Position Held: _____ Full-Time Part-Time

Job Duties & Responsibilities: _____

Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month

Reason For Leaving: _____

May we contact this employer? Yes No If "No", please explain: _____

ADDITIONAL EXPERIENCE

Summarize any additional experiences and/or skills you may not have mentioned that would be relevant to the position you are applying for: _____

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(In responding to these questions, continue on a separate sheet if you require additional space.)

List dates and reasons for any gaps in employment experience you listed over a one month period. _____

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? Yes No If "Yes", identify the name(s) and relevant dates: _____

REFERENCES

Give name, address and telephone numbers of references who are not related to you and are not previous employers.

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____ State: _____ Zip: _____

Years Acquainted: _____ Occupation: _____

ESSAY QUESTIONS

Describe what your responsibilities were at your last job.

What did you like best about your last job?

What did you like least about your last job?

Describe the circumstances, which led up to your decision to leave your last job.

If you could have made one suggestion to management at your last job, what would it have been?

What is your greatest strength?

What do you see yourself doing five years from now? Ten years?

If there were absolutely no restrictions placed on you, what would you most want to do in life?

DRIVING RECORD

Have you a valid driver's license? Yes No

Driver's License Number: _____ Expiration Date: _____ State Issued: _____

List any restrictions on driver's license: _____

If less than 5 years in this state, please provide what state you were previously licensed in: _____

If answer is "Yes" to any of the following questions, please explain, giving dates and details.

Have you been cited for speeding during the last three years? Yes No _____

Have you been cited for any moving violation during the past three years (left turn, etc.) Yes No

Has your driver's license ever been revoked or suspended? Yes No _____

Have you ever been placed on suspension or probation? Yes No _____

Have you had a vehicle accident of any type within the last three years? Yes No _____

Have you ever been cited for reckless driving? Yes No _____

Has your auto insurance ever been cancelled or has any company declined to insure you? Yes No

Date

Signature of Applicant



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Applicant Voluntary Information Form

In order for us to meet federal record keeping requirements, we request that you answer the following personal questions. This information is voluntary and refusal to provide it will not result in any adverse treatment. This information will not be used for any purpose in the employee selection process. If you have any questions about this questionnaire, please do not hesitate to ask to speak to a representative of the Human Resources Department.

Name _____ Date _____ Female Male

S. S. No. _____ Position for which applying (if known) _____

Indicate how you learned about the position by checking one of the following:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Company Employee |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Resume or Application |
| <input type="checkbox"/> School | <input type="checkbox"/> Other (Explain) _____ |

Ethnicity Origin:

Are you Hispanic or Latino? Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Yes No

(Answer next question (Race and Ethnic origin) ONLY if you answer "No" to Ethnicity Origin question.)

Race and Ethnic origin (check one):

- White (not Hispanic origin): Persons having origins in any of the original peoples of North Africa, Europe, or the Middle East.
- Black/African American: Persons having origins in any of the Black racial groups of Africa.
- Asian: 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.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or more races: All persons who identify with more than one of the above five races.

Disability (check one)

If you have a disability and wish request an accommodation, please contact the Director of Human Resources.

Yes No

Veteran Status (check one):

- Special Disabled Veteran (30% or more disability)
- Vietnam Era Veteran
- Veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. Active duty for training as a member of the National Guard or Reserve does not qualify an individual for protection.
- Veteran who separated from the service less than one year ago.
(If yes, provide date of separation: _____)
- No veteran status.