

**EMPLOYMENT APPLICATION**



**Illinois National Bank**

322 E. Capitol Ave.  
Springfield, Illinois 62701

We consider all qualified applicants for positions without regard to race, color, religion, sex, national origin, sexual orientation, age, disability, military or marital status.

Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

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

If so, when?

Have you ever been employed with us before?  Yes  No

If so, when?

Are you currently employed?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Are you currently serving in the National Guard or Reserve Unit?  Yes  No

If so, on what date would you be able to work?

Date:

Are you available to work:

Full-Time       Part-Time       Seasonal       Temporary

Are you currently on "layoff" status and subject to recall?  Yes  No

Do you have a valid Illinois Class driver's license?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever been convicted of a felony which has not been expunged?  Yes  No

*Convict/on will not necessarily disqualify an applicant from employment.*  
If yes, please explain (attach separate sheet if necessary)

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## Employment History

The following work experience section must be completed even if accompanied by a resume. You may also include any verified work that was performed on a voluntary basis.

List most current first.

<b>Present Employer</b>				Rate of Pay			
				Starting		Ending	
Address		City	State	Zip	Employed		Total Yrs
					From	To	
Job Title & Work Performed							
May contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Supervisor's Name			Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>
						Supervisory duties <input type="checkbox"/> Y <input type="checkbox"/> N	
Telephone Number			Reason for leaving			Number of people supervised	

<b>Previous Employer</b>				Rate of Pay			
Starting		Ending					
Address		City	State	Zip	Employed		Total Yrs
					From	To	
Job Title & Work Performed							
Supervisor's Name			Part Time <input type="checkbox"/>			Full Time <input type="checkbox"/>	
			Supervisory duties <input type="checkbox"/> Y <input type="checkbox"/> N				
Telephone Number			Reason for leaving			Number of people supervised	

<b>Previous Employer</b>				Rate of Pay			
Starting		Ending					
Address		City	State	Zip	Employed		Total Yrs
					From	To	
Job Title & Work Performed							
Supervisor's Name			Part Time <input type="checkbox"/>			Full Time <input type="checkbox"/>	
			Supervisory duties <input type="checkbox"/> Y <input type="checkbox"/> N				
Telephone Number			Reason for leaving			Number of people supervised	

<b>Previous Employer</b>				Rate of Pay			
Starting		Ending					
Address		City	State	Zip	Employed		Total Yrs
					From	To	
Job Title & Work Performed							
Supervisor's Name			Part Time <input type="checkbox"/>			Full Time <input type="checkbox"/>	
			Supervisory duties <input type="checkbox"/> Y <input type="checkbox"/> N				
Telephone Number			Reason for leaving			Number of people supervised	

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## Education

School Name	Address	Degree or Grade Level	Area of Specialty
<i>Grade School</i>			
<i>High School</i>			
<i>College/University</i>			
<i>Graduate School</i>			
<i>Trade, Business or Other</i>			
<i>GED</i>			

## Specialized Skills

<input type="checkbox"/> PC	<input type="checkbox"/> Typewriter	<input type="checkbox"/> Calculator	<input type="checkbox"/> Fax	<input type="checkbox"/> PBX
<input type="checkbox"/> Microfilm/Fiche reader/printer	<input type="checkbox"/> Excel	<input type="checkbox"/> Copier	<input type="checkbox"/> Shredder	<input type="checkbox"/> Coin/Currency Counter
<input type="checkbox"/> Other Software/Hardware (Please List):				

## References

Name of Reference <i>(other than relatives)</i>	Street Address	City	State	Zip	Telephone	How Long Known?

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Affirmative Action Information**

We consider all applicants without regard to race, color, religion, sex, national origin, sexual orientation, age, disability, military status, or marital status. This information is used to satisfy Affirmative Action requirements to comply with federal laws and regulations. The information you provide is considered confidential and is not made part of your official personnel file or used in any personnel decision.

Position applied for \_\_\_\_\_

Date \_\_\_\_\_

**Referral Source**

- Walk-in     
  Employee Referral     
  School     
  Employment Agency     
  State Empl. Agency  
 Ad-source     
  Other

**Applicant Information**

Last Name	First Name	Middle Name	Phone Number
Street Address	City	State	Zip

**Please check one of the following Equal Opportunity Identification Groups:**

- Male                       Female  
 Caucasian               African American       Hispanic  
 American Indian/Alaskan Native       Asian/Pacific Islander       Other

**Vietnam veterans, disabled veterans, and individuals with physical or mental disabilities:**

*Please check if any of the following are applicable:*

- Vietnam Era Veteran (served between 1964-1975)     
  Disabled Veteran     
  Individual with a disability

**For Human Resources Use Only**

**EEO Classification:**

- Officials/Managers                       Sales Workers                       Operatives (semi-skilled)  
 Professionals                       Office/Clerical Workers                       Laborers (unskilled)  
 Technicians                       Craft Workers (skilled)                       Service Workers

Notes: \_\_\_\_\_

Completed By \_\_\_\_\_

Date \_\_\_\_\_

**EMPLOYMENT APPLICATION**



**PRE-EMPLOYMENT OFFER AND EMPLOYEE CONSENT FOR ALCOHOL AND/OR DRUG SCREENING**

On this day, a copy of the Illinois National Bank’s Drug and Alcohol Policy was made available to me. Consistent with that policy, I have been requested by the Company to submit to a screening test for illegal drugs, illegally used legal drugs and/or alcohol which includes the collection of blood, urine and/or breath samples and other necessary medical tests to determine the presence or use of alcohol, drugs or controlled substances. I also understand that in the event I become an employee of Illinois National Bank, I may be subject to future for cause and random testing in accordance with the Drug and Alcohol Policy.

I hereby voluntarily consent to provide the Company with samples of blood, urine, and/or breath for such purpose at laboratories designated by Illinois National Bank. I consent to having specimens tested at the selected laboratories. Further, I certify that the specimen collected from me will be mine and will not be adulterated or altered in any manner.

I understand that all screening tests for drugs will be subject to careful testing procedures with mandatory confirmation of any preliminary positive tests. I further understand that if my test indicates a confirmed positive for illegal drugs, I will not be considered for employment, or in the event I am an employee at the time of the test I may be subject to discipline including termination, in accordance with the Drug and Alcohol Policy. I will be given reasonable opportunity to explain confirmed positive test for substances other than illegal drugs. If I provide an unacceptable explanation I will be denied employment.

I understand that I may request a copy of any tests taken, as part of the screening tests upon receipt of the results by Illinois National Bank from the laboratory.

I understand the results of these tests may be used for employment decisions. I hereby authorize the designated laboratory to release results to Illinois National Bank’s contact person. I further agree to hold Illinois National Bank, its agents, officers and employees harmless from, and waive all claims existing and future for any, and all liability (including negligence) arising in connection with the testing for drugs and/or alcohol.

**CANDIDATE/EMPLOYEE NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**AGREED TO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Signature)

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**-or-**

**REFUSED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Signature)

**WITNESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REASONS FOR REFUSAL:** \_\_\_\_\_  
(to be signed immediately prior to hire) \_\_\_\_\_

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## CONSENT FOR RELEASE OF CONSUMER INFORMATION

I understand that Illinois National Bank will utilize the services of a consumer reporting agency as part of the procedure for processing my application for initial or continued employment. I also understand if my application for employment is granted, Illinois National Bank may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand the consumer reporting agency's investigation may involve obtaining information including but not limited to my credit background, references, past employment, education, civil judgments and liens as well as any information about my criminal conviction background consistent with federal and state law.

Therefore, in connection with my application for employment with Illinois National Bank or in connection with a new position internally, I hereby authorize Illinois National Bank to procure my consumer report and/or an investigative consumer report on my background as stated above from a consumer reporting agency.

I understand that if an adverse employment decision is made due, in whole or in part, to the information contained within the consumer reports(s), I will be provided with a copy of the report and a summary of my rights under the Fair Credit Reporting Act. If hired, I understand that this authorization shall remain on file and shall serve as an ongoing authorization for INB to procure consumer reports at any time should the need arise.

I further agree to hold Illinois National Bank, its agents, officers and employees harmless from, and waive all claims existing and future for any, and all liability resulting from the disclosure and use of the information received as a result of these inquiries.

**CANDIDATE'S NAME:** \_\_\_\_\_  
(Please Print)

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**BIRTHDATE (MM/DD/YYYY):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Note:** Illinois National Bank complies with all sections of the Fair Credit Reporting Act as related to the use of consumer reports for employment purposes. Before being denied employment due in full or in part to information contained in a credit report, you will be provided a copy of the credit report used to make the decision, along with a written notice stating the nature of the adverse action, and the name, address and toll-free number of the credit reporting agency. The credit reporting agency cannot provide specific reasons why the adverse action will be taken. You have the right to obtain a free copy of the credit report from the agency within the following 60 days and also have the right to dispute with the agency the accuracy or completeness of any information in the consumer report.