Application For Employment



We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Position(s) Applied For:		(PLEASE PR	INT)	Date of Application	n:
How Did You Learn About Us? Advertisement	Relative	Inquiry		Empoyment Search	Engine
Employment Agency	Friend	Other:			
Last Name		First Name		Middle Na	me
Address Number	Street		City	State	Zip
Telephone Number(s) Hom	ne 1	Mobile		Social Security Num	per
Best time to contact:	Best number	er to contact:		E-Mail Address	
If you are under 18 year of age,	can you provide re	equired proof of yo	ur eligibili	ty to work?	Yes No
Have you ever filed an application	on with us before	?			Yes No
If Yes, give the date:					
Have you ever been employed w	rith us before?				Yes No
If Yes, give the date:					
Do any of your friends or relatives, other than spouse, work here?					
Are you currently employed?					Yes No
May we contact your present en	aployer?				Yes No
Are you prevented from lawfully Immigration Status? Proof of citize					Yes No
Date available for work:		What is your des	sired salar	y range?	
Are you available to work:	Full-time	(please indic	ate 1 2	3 shift)	
	Part-time	(please indicate	ate Morn	ings Afternoon Ever	nings)
	Temporary	(please indicate	ate availal	ole dates:)
Are you currently on "lay-off" st	atus and subject t	to recall?			Yes No
Can you travel if a job requires i	t?				Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION	Name and Address of School	Course of Study	Number of Years Completed	Diploma/ Degree (year)
Elementary School				
High School				
Jndergraduate College				
Graduate College/ Professional				
Other (Specify)				
Please describe any special	lized training, apprenticeship, skills and	extra curricular activities	:	
Please describe any job-rel	ated training received in the United Sta	tes military.		

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicae race, color, religion, gender, national origin, disabilities or other protected status.

NA

			_ >
1 Employer:	Dates Employed Employed (from/to):		
Address:	Job Title:	mm/yy mm/yy	
Telephone Number(s):	Supervisor:		
Work Performed:			_
Reason for leaving:			7
2 Employer:	Dates Employed Employed (from/to):		
Address:	Job Title:	mm/yy mm/yy	POSITIO
Telephone Number(s):	Supervisor:		
Work Performed:			
Reason for leaving:			
3 Employer:	Dates Employed Employed (from/to):	mm/yy mm/yy	
Address:	Job Title:	mm/yy mm/yy	
Telephone Number(s):	Supervisor:		DATE:
Work Performed:			_
Reason for leaving:			7
4 Employer:	Dates Employed Employed (from/to):		
Address:	Job Title:	mm/yy mm/yy	
Telephone Number(s):	Supervisor:		
Work Performed:			
Reason for leaving:			$\overline{\ \ }$

	on, national origin, age, acestry, also	ability or other protected status.	
DDITIONAL I	NFORMATION		
ther Qualificatio		relifications assumed from amplement on other amorians	
ease summarize sp	eciai job-reiated skiiis and qu	alifications acquired from employment or other experience.	
		ent Operated)	J
pecialized Skills:	(Check Skills/Equipme		
		Production/Mobile Machine (list)	
Terminal	Spreadsheets	Production/Mobile Machine (list)	
Terminal	Spreadsheets	Production/Mobile Machine (list) Other (list)	
Terminal PC/MAC Typewriter	Spreadsheets Word Processing Database		
Terminal PC/MAC	Spreadsheets Word Processing		
Terminal PC/MAC Typewriter Windows	Spreadsheets Word Processing Database Query Software		
Terminal PC/MAC Typewriter Windows	Spreadsheets Word Processing Database Query Software	Other (list)	
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Terminal PC/MAC Typewriter Windows ease state any addi	Spreadsheets Word Processing Database Query Software	Other (list) nay be helpful to us in considering your application.	
Terminal PC/MAC Typewriter Windows ease state any addi	Spreadsheets Word Processing Database Query Software itional information you feel m	Other (list) nay be helpful to us in considering your application. ESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE	
Terminal PC/MAC Typewriter Windows ease state any addi	Spreadsheets Word Processing Database Query Software	Other (list) nay be helpful to us in considering your application. ESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE	

REFERENCES 1 Name:	, 				
Address:					
Telephone:		Table 1			
Relationship:					
Relationship.					
2 Name:					
Address:					
Telephone:					
Relationship:					
3 Name:					
Address:					
Telephone:		CONTRACT			
Relationship:		Ş			
APPLICANT'S	STATEMENT				
	rs given herein are true and complete.				
I authorize investig in arriving at an em	gation of all statements contained in this application for employment as may be necessaployment decision.	sary			
applicant wishing to	This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquireas to whether or not applications are being accepted at this time.				
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Applicant may resign at any time and the Employermay discharge Employee at any time with or without cause.					
In the event of employment, I understand that any false or misleading information given in my application, resume' or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.					
Signature of Applicant	Date				
	FOR PERSONNEL DEPARTMENT USE ONLY				
Position(s) Applied	For Is Open: Yes No				
Position(s) consider	red for:	Date:			
A		mm/dd/yy			
Arrange Interview:	Yes No Interviewer:	Date: mm/dd/yy			
Remarks:		illii/dd/yy			
Employed:	Yes No Date of Employment:				
Job Title:	Hourly Rate/Salary: Department:				
Dyy					

Date

Name and Title

APPLICANT INFORMATION FORM

Dear Applicant:

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 employment 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.

PL	EASE PRINT:				
1	Position Desired: Date:				
2	Full Name:				
3	Sex (check one) Male Female				
4	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				
	Continue with question 5, ONLY if you answer "no" to question 4.				
5	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.				
	I choose not to provide this information.				

RELEASE AUTHORIZATION

In connection with my applic report may be requested that performance and experiences employers. Further, I underst motor vehicle operation histo with other public records ava administrator, state agency, ir employer or insurance compa information. I further acknow valid as the original. This releadet, I am entitled to know if elemployer from a consumer-resources of information. I auth of my military records to releapersonnel and related medical	will include informatics; along with reasons for and that you may be reason and criminal history and criminal history all able. I hereby authoristitution, school or un yeontacted by LCNB eledge that a telephone ase includes all state as imployment is denied by porting agency. If so, I orize the National Persase to LCNB or their reasons.	on as to my characteristics on as to my characteristics of the control of the con	aracter, work habits of past employment mation concerning state, private and is servation, any lawfue or private), informentative to furnish (X) or photographic neies. According to the mation obtained by sed and given the ist Center, St. Louis,	s, academic record at from previous a my credit history nsurance sources. all enforcement ago nation service bur the above mentio copy or image sha the Fair Credit Re y my prospective name of the agency MO or other custo	ds, along ency, eau, ned ll be porting y or	NAME
Signature of Applicant		-	Date			
Last Name:		Maio	len Name:			$\exists \mid$
First Name:						_
Middle Name:						FOSIL
Social Security Number:		+	Date of Birth:]
Driver's License Number:			<u></u>	mm/dd/yy		
State of Issue:						
Issue Date:	mm/dd/yy					
Home Phone:						
Home Address:						- '_
Number How long have you been at cu	Street rrent residence?	City	County	State From:	Zip] JAIP.
		Years	Months	To:	mm/yy	
Criminal History Have you ever been convicted (Affirmative response to this please explain. Include the co	question does not nece	essarily elimina	ate you from furthe	r consideration) It	mm/yy Yes [No
						_

 $^{^*}$ This incormation will not be used for the purpose of discrimination. The Federal Age Discrimination Act of 1967 prohbits discrimination on the basis of age.

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness Autism
- Cancer
- Diabetes
- Epilepsy

- HIV/AIDS
- Muscular dystrophy
- Bipolar disorder
- Deafness
 Cerebral palsy
 Major depression
 - Multiple sclerosis (MS)
 - Schizophrenia Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)
NO, I DON'T HAVE A DISABILITY	
I DON'T WISH TO ANSWER	
Your Name	Today's Date

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.