





## EMPLOYMENT EXPERIENCE

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

1 Employer:	<input type="text"/>	Dates Employed	<input type="text"/>	<input type="text"/>
		Employed (from/to):	mm/yy	mm/yy
	Address:	<input type="text"/>	Job Title:	<input type="text"/>
	Telephone Number(s):	<input type="text"/>	Supervisor:	<input type="text"/>
	Work Performed:	<input type="text"/>		
Reason for leaving:	<input type="text"/>			
2 Employer:	<input type="text"/>	Dates Employed	<input type="text"/>	<input type="text"/>
		Employed (from/to):	mm/yy	mm/yy
	Address:	<input type="text"/>	Job Title:	<input type="text"/>
	Telephone Number(s):	<input type="text"/>	Supervisor:	<input type="text"/>
	Work Performed:	<input type="text"/>		
Reason for leaving:	<input type="text"/>			
3 Employer:	<input type="text"/>	Dates Employed	<input type="text"/>	<input type="text"/>
		Employed (from/to):	mm/yy	mm/yy
	Address:	<input type="text"/>	Job Title:	<input type="text"/>
	Telephone Number(s):	<input type="text"/>	Supervisor:	<input type="text"/>
	Work Performed:	<input type="text"/>		
Reason for leaving:	<input type="text"/>			
4 Employer:	<input type="text"/>	Dates Employed	<input type="text"/>	<input type="text"/>
		Employed (from/to):	mm/yy	mm/yy
	Address:	<input type="text"/>	Job Title:	<input type="text"/>
	Telephone Number(s):	<input type="text"/>	Supervisor:	<input type="text"/>
	Work Performed:	<input type="text"/>		
Reason for leaving:	<input type="text"/>			

NAME:

POSITION:

DATE:

Please list professional, trade, business or civic activities and offices held.  
*reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

*You may exclude membership which would*

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	NAME:
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**ADDITIONAL INFORMATION**

**Other Qualifications**

Please summarize special job-related skills and qualifications acquired from employment or other experience.

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	POSITION:
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**Specialized Skills:** (Check Skills/Equipment Operated)

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Terminal   | <input type="checkbox"/> Spreadsheets    |
| <input type="checkbox"/> PC/MAC     | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Database        |
| <input type="checkbox"/> Windows    | <input type="checkbox"/> Query Software  |

Production/Mobile Machine (list)

Other (list)

Please state any additional information you feel may be helpful to us in considering your application.

<hr/> <hr/> <hr/> <hr/> <hr/>	DATE:
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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  Yes  No



## 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.

PLEASE 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 application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, academic records, performance and experiences; along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my credit history, motor vehicle operation history and criminal history from various state, private and insurance sources along with other public records available. I hereby authorize, without reservation, any lawful enforcement agency, administrator, state agency, institution, school or university (public or private), information service bureau, employer or insurance company contacted by LCNB or their representative to furnish the above mentioned information. I further acknowledge that a telephone facsimile (FAX) or photographic copy or image shall be valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and given the name of the agency or sources of information. I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military records to release to LCNB or their representative, information or photocopies of my military personnel and related medical records.

NAME:

POSITION:

DATE:

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Last Name:	<input type="text"/>	Maiden Name:	<input type="text"/>
First Name:	<input type="text"/>		
Middle Name:	<input type="text"/>		

Social Security Number:	<input type="text"/>	*Date of Birth:	<input type="text"/>
Driver's License Number:	<input type="text"/>		mm/dd/yy
State of Issue:	<input type="text"/>		
Issue Date:	<input type="text"/>		mm/dd/yy

Home Phone:	<input type="text"/>
Home Address:	<input type="text"/>
	<i>Number Street City County State Zip</i>

How long have you been at current residence?	<input type="text"/>	<input type="text"/>	From:	<input type="text"/>
	Years	Months		mm/yy
			To:	<input type="text"/>
				mm/yy

**Criminal History**  
 Have you ever been convicted of a felony or misdemeanor other than a minor traffic violations?  Yes  No  
 (Affirmative response to this question does not necessarily eliminate you from further consideration) If yes, please explain. Include the county and state where convicted and the date of conviction.

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*\*This information will not be used for the purpose of discrimination. The Federal Age Discrimination Act of 1967 prohibits 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.<sup>1</sup> 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
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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.

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<sup>i</sup> 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](http://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.