



Application for Employment

As an Equal Opportunity Employer, this organization does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, pregnancy, age (40+), military status, ancestry, genetic information, veteran status, or any other characteristics protected by federal, state, or local laws.

Print Clearly/Complete Fully

Position applied for: _____ Date of application _____

How were you referred to us? Newspaper ad School On my own
Current Employee Agency Other _____

Name _____

Address _____
Number Street City State Zip Code

Home Telephone _____ Business Phone _____
(Area Code) Number (Area Code) Number

How long have you lived at present address? _____

Are you over the age of 18? ☐ Yes ☐ No

Do you wish to work: ☐ Full Time ☐ Part Time ☐ Summer

If part time, specify hours or days: _____

What is your desired hourly wage or salary? _____

Date available for work: _____

Do you have any commitments to another employer that might affect your employment with us? _____

Are you currently bound by a noncompetitive agreement? If so, please explain. _____

Have you previously applied for employment here? ☐ Yes ☐ No If yes, when? _____

Have you previously been employed by this company? ☐ Yes ☐ No If yes, when? _____

Are any of your relatives employed here? ☐ Yes ☐ No If yes, please list name and relation _____

Are you legally authorized to work in the United States (*Proof of identity & eligibility will be required upon employment.*) !!!!!!!
Yes No

Will you now, or in the future, require sponsorship for employment Visa status (e.g., H-1B status)?
Yes No

Have you been convicted of a felony or misdemeanor other than moving traffic violations (even if expunged)?
(*Conviction will not necessarily preclude employment.*) Yes No

If yes, then for each conviction, provide the date of conviction, nature of offense, and city/state of conviction: _____

Education									
School	Name, City and State	Major Course of Study	Circle Highest Year Completed				Diploma or Degree Received		
High School			9	10	11	12	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No Type _____		
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No Type _____		

Employment History			
<i>List below all present and past employment, beginning with your most recent. (Please use additional sheets, if necessary.)</i>			
Employer Name:		Phone:	
Address:		Supervisor Name(s):	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
Employment Dates (give month and year):		Reason for Leaving:	
May we contact the employer for a reference? YES NO			
Employer Name:		Phone:	
Address:		Supervisor Name(s):	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
Employment Dates (give month and year):		Reason for Leaving:	
May we contact the employer for a reference? YES NO			
Employer Name:		Phone:	
Address:		Supervisor Name(s):	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
Employment Dates (give month and year):		Reason for Leaving:	
May we contact the employer for a reference? YES NO			

List any other experiences, skills or qualifications which you feel would qualify you to work for our company. However, please exclude those that may disclose race, color, religion, sex, national origin, sexual orientation, gender identity, disability, protected veteran status, pregnancy, age (40+), military status, ancestry, genetic information, or any other characteristic protected by federal, state, or local laws.

READ CAREFULLY BEFORE SIGNING

In signing and submitting this application for employment to you, Farmers Bank & Trust, I clearly understand and agree:

1. I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that any omission, misrepresentation or falsification of information made herein or in any interviews is grounds for refusal to employ me or my dismissal if I am employed.
2. I authorize the references listed above, school and current and past employers to give Farmers Bank and Trust any and all information concerning my previous employment and any information they may have, personal or otherwise, and I release all parties for all liability for any damage or claim that may result from furnishing the same to the Corporation.
3. Any employment offer is contingent upon the following: (a) my providing, within 3 days after my first day of employment, valid proof of my identity and eligibility to work in the United States; (b) my consent for the employer to obtain consumer reports about me as part of its background check process and the employer's satisfaction with the results of such background checks.
3. If I am employed, I agree to abide by the rules, regulations and policies of Farmers Bank & Trust, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Corporation or myself, for any reason not prohibited by law.
4. I understand that no representative of Farmers Bank & Trust, other than the President of the Corporation, has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.
5. This application shall be considered active only for 90 days from today's date. If I still desire a position with the employer after this application expires, it will be my responsibility to submit a new application.

Date: _____

Signature of Applicant

References

List name and telephone number of three business/work references that are not related to you. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EEO Voluntary Self-Identification Form
(Applicants)**

Farmers Bank and Trust (the “**Company**”) is subject to certain governmental recordkeeping

and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites applicants to voluntarily self-identify their sex and race/ ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment or prevent you from being considered for employment by the Company. The information obtained will be kept confidential and maintained separately from your application. The information may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. You can provide the information anonymously.

Sex (check one): ☐ Male ☐ Female

Race / Ethnicity (check one):

- ☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
- ☐ **White** (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American** (not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or other Pacific Islander** (not Hispanic or Latino) – A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian** (not Hispanic or Latino) – 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.
- ☐ **American Indian or Alaska Native** (not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races** (not Hispanic or Latino) – All persons who identify with more than one of the above five races.
- ☐ **Prefer Not to Answer**

☐ I choose to provide this information anonymously. *Date:* _____

☐ I choose to identify myself by signing below.

Signature

Date

Name (printed)

**PRE-OFFER INVITATION TO SELF-IDENTIFY
STATUS AS PROTECTED VETERAN**

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("**VEVRAA**"), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "**disabled veteran**" is (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- A "**recently separated veteran**" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "**active duty wartime or campaign badge veteran**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "**Armed forces service medal veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- ☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- ☐ I AM NOT A PROTECTED VETERAN
- ☐ I DO NOT WISH TO ANSWER

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.
4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Signature

Date

Name (printed)

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire: