

EMPLOYMENT APPLICATION



510 E. Monroe
Springfield, IL 62701
(217) 789-3500 TTY 1-800-526-0844

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

(PLEASE PRINT)

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, give date _____

Have you ever been employed with us before?

Yes No

If so, give date _____

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

On what date would you be able to work? _____

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 driver's license? Class _____

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

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

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.

Present Employer				Rate of Pay		
				Starting		Ending
Address		City	State	Zip	Employed	
					From	To
Job Title and Work Performed				Total years		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Supervisor's name		Part time <input type="checkbox"/> Full time <input type="checkbox"/>		
				Supervisory duties Y N		
Telephone number ()		Reason for leaving		Number of people supervised		

Previous Employer				Rate of Pay		
				Starting		Ending
Address		City	State	Zip	Employed	
					From	To
Job Title and Work Performed				Total years		
Supervisor's name				Part time <input type="checkbox"/> Full time <input type="checkbox"/>		
				Supervisory duties Y N		
Telephone number ()		Reason for leaving		Number of people supervised		

Previous Employer				Rate of Pay		
				Starting		Ending
Address		City	State	Zip	Employed	
					From	To
Job Title and Work Performed				Total years		
Supervisor's name				Part time <input type="checkbox"/> Full time <input type="checkbox"/>		
				Supervisory duties Y N		
Telephone number ()		Reason for leaving		Number of people supervised		

Previous Employer				Rate of Pay		
				Starting		Ending
Address		City	State	Zip	Employed	
					From	To
Job Title and Work Performed				Total years		
Supervisor's name				Part time <input type="checkbox"/> Full time <input type="checkbox"/>		
				Supervisory duties Y N		
Telephone number ()		Reason for leaving		Number of people supervised		

Education

School Name	Address	Degree or Grade level	Area of specialty
Grade School			
High School			
College/University			
Graduate School			
Trade, Business or other			
GED			

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"/> Word	<input type="checkbox"/> Excel	<input type="checkbox"/> Copier	<input type="checkbox"/> Shredder	<input type="checkbox"/> Coin/currency counter
<input type="checkbox"/> Folding machine	<input type="checkbox"/> Postage Machine	<input type="checkbox"/> Microfilm/fiche Reader/printer		
<input type="checkbox"/> Other software/hardware (please list): _____				
List other job-related skills, specialized training, internship, apprenticeship acquired from employment, military or volunteer experience.				
Technical or Professional License	Number	Issuing State	Dated Issued	Current Y N

References

Name of Reference (other than relatives)	Street Address	City	State	Zip	Telephone	How long known?
					()	
					()	
					()	
					()	

AUTHORIZATION - PLEASE READ CAREFULLY

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I specifically authorize any person, including but not limited to, former employers, school officials, and persons named herein to make full response to any inquiries in connection with my application for employment. I hereby release and hold harmless Security Bank and anyone who responds to the bank's inquiries, together with their officers, agents, employees, affiliated corporations, subsidiaries, successors and assigns from any and all liability in any way related to the investigation of my suitability for employment with Security Bank.

In consideration of my employment, I agree to conform to Security Bank's rules and regulations and to work in a safe manner. I further agree and understand that my employment relationship is "at will" and that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at either my or Security Bank's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time, by Security Bank.

I understand that the purchase, sale, use, possession or being under the influence of drugs or alcohol, and/or any controlled substance, or abuse of drugs prescribed by a physician, is strictly prohibited on company premises and/or time.

I understand that this application will be considered current for 90 days. A new application must be completed for further consideration after 90 days.

I understand that no Security Bank representative other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Applicant's Signature

Date

**Security Bank
Human Resources
510 E. Monroe
Springfield, IL 62701
(217) 789-3500
TTY 1-800-526-0844**



CONSENT FOR RELEASE OF CONSUMER INFORMATION

In connection with my application for employment with Security Bank, I hereby authorize the release of consumer information, which includes but is not limited to consumer credit reports, criminal history, driving records, education and employment records. I understand that the credit and criminal history check will involve providing Security Bank and/or a credit reporting agency with my date of birth, social security number, home address, sex, race and driver's license number. If an adverse employment decision is made due, in whole or in part, to information obtained from the consumer reports, I will be provided a copy of the report and a summary of my rights under the Fair Credit Reporting Act. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Security Bank to procure consumer reports at any time during my employment.

I release Security Bank and its officers, agents and employees of all liability resulting from the disclosure and use of the information received as a result of these inquiries.

PLEASE PRINT

NAME _____
Last First Middle Initial

DATE OF BIRTH _____ SOCIAL SECURITY # _____
mm/dd/yy

SEX _____ RACE _____ (White, Black, Asian/Pacific Islands, American Indian/Alaskan, Unknown)

DRIVER'S LICENSE # _____ STATE _____

ADDRESS _____
Street Address

City State Zip

SIGNATURE _____

DATE _____

Affirmative Action Information

We consider all applicants without regard to race, color, religion, sex, national origin, 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(s) applied for _____ Date _____

Referral Source

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

Applicant Information

Name _____ () _____
Last First Middle Area Code Phone

Address _____
Street 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:

- | | | |
|-----------------------|-----------------------------|------------------------------|
| 1. Officials/Managers | 4. Sales Workers | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office /Clerical Workers | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

Notes _____

Completed by _____ Date _____