



INSTRUCTIONS FOR COMPLETING THE FIRST BANK & TRUST CO. APPLICATION FOR EMPLOYMENT

- **These instructions must be followed exactly.**
- PRINT IN **BLACK INK** OR TYPE.
- Fill out application form completely.
- IF QUESTIONS ARE NOT APPLICABLE, ENTER "NA".
- **Do not leave questions blank.**
- Be sure to **sign** and date when completed.

REVIEW THE JOB POSTING BEFORE STARTING ON YOUR APPLICATION.

Be careful to note any education, certificates, licenses, training or specific experience required for individual positions.

The information included in the **employment history section** of the application will be the official record of your employment experience. **It must accurately reflect all significant duties performed.**

Screening for work experience is based on the information listed in the employment history section.

Be specific and detailed when providing information in the employment history section.

Failure to list specific examples of work duties in all areas of qualifications, knowledge, skills and abilities listed in the job posting may result in the applicant being considered unqualified and/or not being granted an interview.

AN APPLICATION IS REQUIRED.

You may utilize one application and enter different position titles you are applying for. Applications will be considered active for 60 days.

RESUMES ARE NOT ACCEPTED IN PLACE OF APPLICATIONS.

Include ALL employment.

BEGIN WITH YOUR CURRENT OR LAST POSITION AND WORK BACK TO YOUR FIRST.

Employment history should be included for **each position** held, even those with the same employer. List each position separately and indicate **duties** and complete **dates** for each position held.

Summaries of experience should clearly describe your work experience/duties that meets each qualification listed in the job posting.

GIVE A BRIEF SUMMARY OF THE TECHNICAL AND, IF APPROPRIATE, THE MANAGERIAL RESPONSIBILITIES OF EACH POSITION YOU HAVE HELD.

If you need additional space to adequately describe your employment history, you may use an employment history continuation sheet or attach a typed employment history providing the same information in the same format as the application form.

Copies of college transcripts, certifications and/or licenses must be attached to the application, if specified in the job posting.

APPLICATIONS WHICH DO NOT INCLUDE REQUIRED ATTACHMENTS WILL NOT BE CONSIDERED. The Self-ID form is not a required attachment and should be returned separate from the application.

The Bank is an **equal opportunity employer** and does not discriminate on the basis of race, color, religion, gender, national origin, age, physical or mental disability, genetic information, marital or veteran status or any other characteristic protected by federal, state or local law.

In compliance with the **Americans with Disabilities Act**, the Bank will provide during the employment process any necessary **reasonable accommodation** needed as a result of a disability.

If assistance is needed, please contact the Human Resources office as soon in the employment process as possible so that appropriate measures can be taken to meet your needs.



Position(s) Applied For: _____

Today's Date: _____

Personal Information

LAST NAME:		FIRST NAME:	MIDDLE INITIAL:
OTHER ALIAS:		OTHER ALIAS:	
Current ADDRESS (Number, Street, City, State, ZIP): ADDRESS:			LENGTH OF TIME AT THIS
Prior ADDRESS (Number, Street, City, State, ZIP):			
Home Phone () Cell Phone ()	Work Phone () Fax ()	REFERRED BY:	

Are you at least 18 years of age? Yes / No (Circle One) Are you legally eligible to work in the United States? Yes / No (Circle One)
 Have you ever worked for First Bank & Trust Co. before? Yes / No (Circle One)
 Are you related to anyone currently working for the Bank? Yes / No (Circle One)
 If yes, who? _____

Availability

- What date can you start? _____ Desired Pay _____
- Desired type of employment: Full-Time / Part-Time / Temporary (Circle One or More)
- For which schedules are you available? Weekdays / Weekends / Evenings / Nights / Overtime / Other (Circle One or More)

Professional Licenses and Certifications (please complete if required for the position you are applying for)

- Do you hold any professional licenses or certifications? Yes / No (Circle One)
 Name of license(s)/certification(s) _____
 License/certification number(s): _____ Issuing State: _____
- Have you ever been bonded? Yes / No (Circle One) Have you ever had a bond cancelled or refused? Yes / No (Circle One)
- Has your license/certification ever been revoked or suspended? Yes / No (Circle One)
 If yes to either of the previous two questions, state the reason(s), date of cancellation/refusal/revocation/suspension, and date of reinstatement: _____

References (Include only individuals familiar with your work ability. Do not include relatives or supervisors listed under "Employment History")

Name	Address/Phone	Years Known/Relationship
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____

Education (Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+)

If your school records are under a different name than that listed above, please enter that name:

Name	City/State	Graduated	Degree Type
High School _____	_____	Yes / No (Circle One)	_____
College _____	_____	Yes / No (Circle One)	_____
Other _____	_____	Yes / No (Circle One)	_____

Skills and Qualifications

List job-related skills, special training, certificates, licenses, software, computer/other machine skills relevant to this position:

Driver's License Information

If the job requires, do you have a valid driver's license? Yes / No (Circle One)

Name on License _____ DL# _____ Type _____ State _____

Criminal History

Have you ever been convicted of, pled guilty or "no contest" to a felony? **Do not include convictions that were sealed, erased, annulled or expunged due to a court order.** Yes / No (Circle One)

If yes, describe the offense, date, court and place where the conviction occurred :

Are you currently awaiting trial for any criminal offense? Yes / No (Circle One)

If yes, please explain:

Note: This information does not necessarily prohibit employment with our organization. This information is only for job-related purposes and used only to the extent permitted by applicable state and federal law. Factors such as age at the time of offense, seriousness and nature of the violation, and rehabilitation will be considered.

Employment History (List present or most recent position first. Include any military employment and volunteer work. Please explain any gaps in employment, including self-employed.) Your application may not be considered unless every question in this section is answered. Since we make every effort to contact previous employers, the **correct telephone numbers of past employers are critical.** FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

Most Recent Employer

Company Name:	Are you currently working for this employer? Yes / No (Circle One)	Phone #
	City and State:	Fax #
Position Title:	Beginning and Ending Dates of Employment:	
Duties Performed:		
Name and position of your supervisor	May we contact? Yes / No (Circle One)	Salary \$ _____ per Hour / Week / Month (Circle One)
Reason for leaving		

Second Most Recent Employer

Company Name:	Are you currently working for this employer? Yes / No (Circle One)	Phone #
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		City and State:		
Position Title:		Beginning and Ending Dates of Employment:		
Duties Performed:				
Name and position of your supervisor		May we contact? Yes / No (Circle One)	Salary \$_____ per Hour / Week / Month (Circle One)	
Reason for leaving				
Third Most Recent Employer				
Company Name:		Are you currently working for this employer? Yes / No (Circle One)		Phone #
		City and State:		Fax #
Position Title:		Beginning and Ending Dates of Employment:		
Duties Performed:				
Name and position of your supervisor		May we contact? Yes / No (Circle One)	Salary \$_____ per Hour / Week / Month (Circle One)	
Reason for leaving				
Fourth Most Recent Employer				
Company Name:		Are you currently working for this employer? Yes / No (Circle One)		Phone #
		City and State:		Fax #
Position Title:		Beginning and Ending Dates of Employment:		
Duties Performed:				
Name and position of your supervisor		May we contact? Yes / No (Circle One)	Salary \$_____ per Hour / Week / Month (Circle One)	
Reason for leaving				

JOB APPLICANT'S CERTIFICATION

(PLEASE READ THE FOLLOWING STATEMENT CAREFULLY)

I hereby affirm that the information provided in this employment application is true and correct to the best of my knowledge. I understand that falsified information, a misrepresentation or omissions may disqualify me from further consideration for employment or may result in dismissal if discovered at a later date. I understand that if I am hired, the information given in this application will become a part of my personnel record.

I authorize First Bank & Trust Co. to make a thorough investigation of my previous employment and training, in connection with its consideration of my application. Through this document, or a copy, I authorize any person, agency, institutions, union, company or other entity to give First Bank & Trust Co. any and all information they might have, and I release and indemnify all parties from liability for any damages that may result from furnishing any of this information to First Bank & Trust Co. I also indemnify First Bank

& Trust Co., its officers, employees and shareholders against any liability, which might result from the investigation, or inquiry they make, or in connection with the information that they receive.

As an applicant, I fully understand and acknowledge that any offer of employment is entirely conditional upon several factors including but not limited to skills testing, equipment operation testing, and voluntary submission to substance tests(s) and satisfactory tests(s) results.

If employed by First Bank & Trust Co., I understand and agree that I would be obligated to abide by all its rules, regulations, policies and procedures. I certify that I will abide by all terms of the Drug-Free Workplace Program policy and understand that my failure to do so will result in the withdrawal of my application from employment consideration, or result in my being ineligible for continuing employment, whichever is applicable.

I UNDERSTAND THAT MY EMPLOYMENT IS AT THE WILL OF THE COMPANY AND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED FOR ANY OR NO REASON, AT ANY TIME, WITH OR WITHOUT NOTICE, AT THE OPTION OF EITHER THE BANK OR MYSELF. I UNDERSTAND THAT NEITHER THIS APPLICATION NOR THE GRANTING OF AN INTERVIEW IN NO WAY CONSTITUTES A CONTRACT OF EMPLOYMENT AND THAT COMPLETING THIS APPLICATION DOES NOT GUARANTEE EMPLOYMENT WITH THE BANK.

I understand that this application will be in effect for sixty (60) calendar days from the date indicated below and that if employment is not offered within that time period, I must reapply to be considered for future employment.

Signature

Date

Interview Remarks

Interviewed By: _____

Date: _____

Remarks:

Approvals for Hire

Hire Date: _____ Department: _____

For Position: _____

Salary Wages: _____ Start Date: _____

Approvals:

Signature Title Date

Signature Title Date

INVITATION FOR SELF-IDENTIFICATION

(AFFIRMATIVE ACTION SURVEY)

It is the policy of First Bank & Trust Co. to provide equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job without regard to age, gender, race, color, religion, national origin, disability, veteran, marital status, or any other legally protected status, and to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds. As an employer and federal contractor, we comply with government regulations and affirmative action responsibilities.

In order to help us comply with government record keeping, reporting and other legal requirements, we request that you complete this affirmative action survey. The completion of this form is voluntary. This data is for periodic government reporting and will be kept in a Confidential File separate from the Employee file.

Name (Printed): _____ Male _____ Female _____

Department: _____ Date: _____

Race/Ethnicity

Check one of the following:

- Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or 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 America.
- African American or Black** (Not Hispanic or Latino). A person with origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino). A person with origins in the any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino). A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, China, Japan, Korea, the Philippines, Cambodia, Malaysia, Pakistan, Thailand and Vietnam.
- American Indian/Alaskan Native** (Not Hispanic or Latino). A person with origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.
- Two or More Races** (Not Hispanic or Latino). All persons who identify with more than one of the above five races.

FCRA NOTICE AND CONSENT

NOTICE TO APPLICANT:

As part of its pre-employment application screening process, First Bank & Trust Co. uses a consumer or credit reporting agency to conduct personal background checks on all applicants and employees for employment and if applicable, motor vehicle checks. The information First Bank & Trust Co. receives from the credit reporting agency will come to the company in the form of a "consumer credit report." The consumer credit report may contain information pertaining to the applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. The consumer credit report may also contain information relating to the driving record and criminal record or history of the applicant going back in time.

Under the federal Fair Credit Reporting Act, as well as under some states' laws, you have certain legal rights pertaining to any consumer credit report requested by First Bank & Trust Co. regarding you. Before taking any adverse action regarding your application for employment, the company must provide to you a summary of your legal rights under the Fair Credit Reporting Act, a copy of the consumer credit report containing any information which lead to an adverse decision regarding your employment, and the name, address and telephone number of the consumer reporting agency that provided the consumer credit report.

By signing the CONSENT below, you are authorizing First Bank & Trust Co. to obtain a consumer credit report about you in accordance with federal and state law.

By checking this box, you are requesting to receive a copy of the consumer credit report we obtain.

CONSENT

I, _____ (PRINT NAME), give my consent for First Bank & Trust Co., to request and obtain a consumer credit report regarding me in accordance with the Fair Credit Reporting Act, and any applicable state law. I understand that a consumer credit report may contain information pertaining to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I also understand that the consumer credit report may contain information relating to my criminal record or history and motor vehicle checks if applicable.

I understand that my Social Security number will be used to access the above information.

Name: _____
First Middle Last Maiden

Date Of Birth: _____ Social Security Number: _____

(Month/Day/Year)

DOB required for criminal Record Check

Drivers License #: _____ State: _____ Type: _____

Current Address: _____
Number Street City State Zip

Previous Address: _____
Number Street City State Zip

Signed: _____

Dated _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you--such as if you pay your bills on time or have filed bankruptcy--to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If any item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- **You can dispute inaccurate items with the source of that information.** If you tell anyone--such as a creditor who reports to a CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user, or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state and federal court.

THE FEDERAL AUTHORITY YOU MAY CONTACT IF YOU NEED ASSISTANCE ENFORCING THE FCRA IS THE:

**Federal Trade Commission
Consumer Response Center – FCRA
Washington, DC 20580
Telephone: 202-326-3761**

Drug and Alcohol Notice

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I MAY BE REQUIRED TO SUBMIT TO URINE TESTING PRIOR TO EMPLOYMENT, AND RANDOM AND AS-NEEDED TESTING THEREAFTER IN ORDER TO MAINTAIN A DRUG FREE WORKFORCE AND WORKPLACE.

I authorize First Bank & Trust Co. to conduct, through its laboratory testing facility, urine tests to screen for drugs and understand that this is a requirement for consideration of employment. I authorize First Bank & Trust Co. to use the results for decision relating to my application for employment. In applying for employment, I understand that urine tests will be performed to detect the presence of drugs. I further understand that the presence of these substances may cause my rejection from further consideration for employment. I voluntarily authorize the taking of urine sample(s) and conducting breath tests (as required) for test purposes. I voluntarily authorize that any urine and breath samples be released to the laboratory facility and its personnel for testing purposes.

If there is a positive test result, I understand that the Medical Review Officer may ask me to provide, and I agree to provide, information about any legal non-prescription drugs and other drugs for which I have a prescription that I take routinely or have taken within the last thirty (30) days. I understand that any communication I may have with the collection site personnel, testing laboratory or MRO does not create or imply a physician/patient relationship. I voluntarily authorize the release of all test results to the First Bank & Trust Co. Human Resources Director, or designee and management with a need to know.

SIGNATURE _____ DATE _____