



Jonestown Bank & Trust Co.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. **No action can be taken on this application until you have answered all questions.** Use blank paper if you do not have enough room on this application. **Please print**, except for your signature as required. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for: _____ Today's Date: _____

Are you seeking: Full-time () Part-time ()

When could you start? _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

Are you 18 years of age or older? Yes () No () If hired, you may be required to submit proof of age.

Social Security #: _____ If hired, can you furnish proof that you are eligible to work in the US? Yes () No ()

Have you ever applied here before? Yes () No () If yes, when? _____

Were you ever employed here? Yes () No () If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation) Yes () No ()

If yes, give details. (A 'yes' answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you applying is also considered.

Are you now or do you expect to be engaged in any other business or employment? Yes () No ()

Please explain. _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Please give month and year.**

<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Employment from _____ to _____</p> <p>City: _____ State: _____ Zip: _____ Pay start \$ _____ Pay final \$ _____</p> <p>Telephone: _____ Reason for leaving: _____</p> <p>Duties: _____</p> <p>_____</p>
<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Employment from _____ to _____</p> <p>City: _____ State: _____ Zip: _____ Pay start \$ _____ Pay final \$ _____</p> <p>Telephone: _____ Reason for leaving: _____</p> <p>Duties: _____</p> <p>_____</p>
<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Employment from _____ to _____</p> <p>City: _____ State: _____ Zip: _____ Pay start \$ _____ Pay final \$ _____</p> <p>Telephone: _____ Reason for leaving: _____</p> <p>Duties: _____</p> <p>_____</p>
<p>Name of Employer: _____ Supervisor: _____</p> <p>Address: _____ Employment from _____ to _____</p> <p>City: _____ State: _____ Zip: _____ Pay start \$ _____ Pay final \$ _____</p> <p>Telephone: _____ Reason for leaving: _____</p> <p>Duties: _____</p> <p>_____</p>

EDUCATION

<u>List Names and Address of Schools</u> High school or GED: _____ _____ _____ _____	# of years completed	Diploma Degree/certificate
College or University: _____ _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ _____ Subjects: _____		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

How many days of work have you missed during the past year?
 (Exclude absences due to disability or those covered by FMLA.) _____

For Driving Jobs Only: Do you have a valid driver's license? Yes () No ()

Driver's License Number: _____ Expiration date: _____ Class of License: _____

Have you had your license suspended or revoked in the last 3 years Yes () No ()

Details _____

List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, Disability or other protected status.)

REFERENCES

Have you worked or attended school under any other names? Yes () No ()

If yes, give names _____

Are you presently employed? Yes () No ()

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or been asked to resign? Yes () No ()

If yes, please explain. _____

Give three references, not relatives or former employers.

Name

Address

Phone

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time.



Jonestown Bank & Trust Co.

Please return completed form to the address below located at the Cleona Branch

Jonestown Bank & Trust Co. is an Equal Opportunity Affirmative Action employer and is subject to federal regulations pertaining to employment. The Bank has a continuing nondiscrimination policy, which prohibits discrimination on the basis of race, color, creed, sex, age, religion, national origin, sexual orientation, disability or veteran status. We hire only United States citizens and aliens lawfully authorized to work in the United States.

To fulfill its legal record keeping obligations, the Bank is required to gather certain data concerning applications for employment. **Although completing this form is voluntary on your part, we would very much appreciate your cooperation.** To assist you in designating the proper categories, the following definitions (as set forth in the federal regulations) are provided.

Please return the completed form to the Human Resource Office at:

**421 East Penn Avenue
Cleona, PA 17042 (CLEONA BRANCH)**

Thank you for your interest in employment opportunities at Jonestown Bank & Trust Co.

Check those which apply to you:

- () White (Not of Hispanic origin)—All persons having the origins in any of the Original peoples of Europe, North Africa, or the Middle East.
- () Black (Not of Hispanic origin)—All persons having the origins in any of the Black racial groups of Africa.
- () Hispanic—All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- () Asian or Pacific Islander—All persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- () American Indian or Alaskan Native—All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- () Veteran—Please specify:
 WWII _____ Korean _____ Vietnam _____ Disabled _____

Applicant's sex: _____

Position applied for: _____ Date: _____



Jonestown Bank & Trust Co.

EMPLOYMENT INQUIRY RELEASE

In connection with your application for/continued employment with Jonestown Bank & Trust Co. on our behalf, EZ-FACTS will make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employments.

"In compliance with the Fair Credit Reporting Act, before any action is taken in whole or in part, as a result of information received from EZ-FACTS, you are entitled to a copy of the report obtained from EZ-FACTS, as well as the FTC notice, 'A Summary of Your Rights Under the Fair Credit Reporting Act'. Adverse action includes, but is not limited to, withholding an offer of employment."

Please complete and sign the form which follows, authorizing, without reservation, any party, including, but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by EZ-FACTS to furnish any or all of the above mentioned information. Your authorization releases EZ-FACTS from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to EZ-FACTS the above mentioned information as requested, in order to successfully complete a background investigation for your application for employment. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

PRINT FULL NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ DRIVER LICENSE # _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

MAIDEN OR OTHER NAMES USED, _____

GRADUATION DATES (Required): HIGH SCHOOL _____ COLLEGE _____

APPLICANT SIGNATURE _____

"Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
 - **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
 - **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
 - **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-192 0 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051