

TO ALL JOB APPLICANTS:

PEOPLES BANK AND TRUST COMPANY MAINTAINS A DRUG-FREE WORK ENVIRONMENT. ANY INDIVIDUAL WHO IS OFFERED A POSITION WITH PEOPLES BANK AND TRUST COMPANY MUST CONSENT TO A DRUG TEST.

YOU HAVE THE RIGHT TO REFUSE TO UNDERGO SUCH TESTING. THE CONSEQUENCES OF REFUSAL WILL BE THE IMMEDIATE TERMINATION OF THE EMPLOYMENT PROCESS.

I HEREBY ACKNOWLEDGE THAT I AM AWARE OF PB&T'S POLICY ON DRUG TESTING.

APPLICANT

DATE



PEOPLES BANK & TRUST

P.O. Box G • Troy, MO 63379
(636) 528-7001 Fax (636) 528-7016

Date: _____

APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL INFORMATION (Please Print Clearly)

Name _____ Soc. Sec. # _____
Last First Middle

Address _____
Street City State Zip

Telephone No. () _____ - _____ Are you over 18 years of age? Yes No
(If no, a work permit may be required.)

Are you legally eligible for permanent employment in the United States? Yes No
(If hired, verification is required by law.)

EMPLOYMENT DESIRED

Position(s) applied for _____ Full Time Part Time Seasonal
Referred by: _____

Are you employed now? Yes No If yes, may we inquire of your present employer? Yes No

Date you are available to start work _____ Salary Desired \$ _____

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever worked for this company or any of its affiliates before? Yes No

If yes, When? _____ Location? _____ Position? _____

Have you ever been bonded in prior employment? Yes No

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? Yes No

If yes, list convictions: (A conviction does not necessarily disqualify an applicant for employment.)

MILITARY SERVICE

Branch of Service	From	To	Rank & Duties	Date Discharged

EDUCATION

Name & Location of School	Course of Study	Years Completed	Did You Graduate? (Indicate if still attending)
Elementary			
High School			
College	Major Minor		
Other			

Date: _____

EMPLOYMENT HISTORY (Start with current or most recent employer)

Dates (Month/Yr) From: _____ To: _____ Final Salary: \$ _____	Employer Name: _____ Address: _____ Telephone: () _____ - _____ Supervisor: _____	Position: Reason for Leaving:
Dates (Month/Yr) From: _____ To: _____ Final Salary: \$ _____	Employer Name: _____ Address: _____ Telephone: () _____ - _____ Supervisor: _____	Position: Reason for Leaving:
Dates (Month/Yr) From: _____ To: _____ Final Salary: \$ _____	Employer Name: _____ Address: _____ Telephone: () _____ - _____ Supervisor: _____	Position: Reason for Leaving:
Dates (Month/Yr) From: _____ To: _____ Final Salary: \$ _____	Employer Name: _____ Address: _____ Telephone: () _____ - _____ Supervisor: _____	Position: Reason for Leaving:

PERSONAL REFERENCES (Please list 3 people not related to you, whom you have known at least 1 year.)

Name	Address	Telephone	Occupation	Yrs. Known

GENERAL

Special Skills, Training, Awards, Accomplishments (Exclude any information that would reveal Race, Color, Religion, Sex, National Origin, Citizenship, Age, Mental Or Physical Disabilities, Veteran/Reserve National Guard or any other similarly protected status.)

APPLICANT STATEMENT

The above information is true, correct, and complete to the best of my knowledge. Should I be employed by the Company, any omission, misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without cause and with or without prior notice as may be required by the Company and the Company may terminate my employment at any time at their discretion, with or without cause, and with or without prior notice, except as may be required by law.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

DATE: _____ SIGNATURE: _____



Employment Application Self-Identification Form

The following information is being requested for Government reporting purposes only. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

Date _____ Name _____

Position Applied For: _____ Search Number _____

Referred by: _____

Gender

Female Male

Race

- Hispanic or Latino White Black or African American Asian
- American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
- Two or More Races (Not Hispanic or Latino)

(If you are a Protected Veteran, please check the box that applies to you and write in your discharge date.)

- Other Protected Veteran Disabled Veterans Armed Forces Service Medal Veteran
- Recently Separated Veteran Date of Discharge _____

Definitions:

Disabled Veteran – a veteran of the US military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service related disability.

Other Protected Veteran - a veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign badge has been authorized, under the laws administered by the Department of Defense.

Recently Separated Veteran – 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.

Armed Forces Service Medal – any 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.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central 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 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 peoples 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.