



APPLICATION FOR EMPLOYMENT

Peoples Bank & Trust Co. is an Equal Opportunity Employer. Peoples Bank & Trust Co. does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other legally recognized protected basis under federal, state, or local law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? ☐ Yes ☐ No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) ☐ Yes ☐ No

Have you ever been terminated from employment or asked to resign by an employer? ☐ Yes ☐ No

If yes, please provide company names and details _____

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 from employment.)

Can you work overtime, including weekends? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? ☐ Walk In ☐ Advertisement ☐ Referred by _____

Other: _____

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

Explain _____

Do you know anyone who works for our company? ☐ Yes ☐ No

If yes, who? _____

EDUCATION	Name and location of school	Degree Received	Subjects Studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration. If necessary, please attach a separate sheet for additional information.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor name and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor name and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor name and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor name and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain:

Have you signed or otherwise agreed to any non-solicitation, non-competition, or other similar post-employment restriction with your current employer or any prior employer? ☐ Yes ☐ No

If yes, please explain:

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully and initial each paragraph before signing.

I understand, where permissible under applicable federal, state, and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment and must receive a negative result for illegal drugs before being permitted to commence work with Peoples Bank & Trust Co.

_____ Initials

I understand, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background and credit history and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

_____ Initials

I understand employment with Peoples Bank & Trust Co. is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I authorize Peoples Bank & Trust Co. and its representatives to contact my current and former employers (with the exception of my current employer, if I have marked "May we inquire of your present employer?" on page 2 of this application as "No"), schools, references, and other persons or organizations I have named in this application for the purpose of verifying the information I have provided. I release my current and former employers, schools, references, and other persons or organizations named in this application from any liability resulting from the information released. I authorize employers, schools, and other persons or organizations named in this application to provide any information or transcripts requested.

_____ Initials

I hereby certify that, if employed, my employment with Peoples Bank & Trust Co. will not conflict with, violate, breach, or result in default under, any contract, agreement, or understanding that I am a party to or am bound by, including any non-solicitation, non-competition, or other similar post-employment restriction or agreement I have with any current or former employer, other than the contracts, agreements, covenants, or understandings I have disclosed in this application, if any.

_____ Initials

I understand and agree that, if hired, my employment will be at will, which means employment is for an indefinite period of time and may be terminated by myself or Peoples Bank & Trust Co. at any time, with or without cause, and with or without notice. I understand that no representative of Peoples Bank & Trust Co. has the authority to make any assurances to the contrary.

_____ Initials

I certify that all of the above information is true and complete, and I understand that any falsification or omission of information made by me may disqualify me from further consideration for employment or, if hired, may result in my termination at any time during the period of my employment, regardless of the amount of time that has passed.

_____ Initials

Note: An offer of employment is conditioned upon complying with Peoples Bank & Trust Co.'s requirements including, but not limited to, signing a separate disclosure and consent form prior to any background check.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.

If you are not hired during that time period but wish to continue to be considered for available positions, you must complete a new application.



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: _____

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.

☐ Disabled Veteran ☐ Recently Separated Veteran ☐ Armed Forces Service Medal Veteran

☐ Other Protected Veteran

Date of Discharge: _____

Definitions

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.

Asian (Not Hispanic or Latino) – A person having origins in any of the Malasia, Pakistan, the Phil[ippine] Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of the North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples in Hawaii, Guam, Samoa or other Pacific Islanders.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the five races.

Disabled Veteran – a veteran of the U.S. 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.

Recently Separated Veteran – any Veteran during a 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 in the U.S. military, ground, naval or air service, participated in the United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Other Protected Veterans – any veteran who, while serving on active duty in the U.S. 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.

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: