



APPLICATION FOR EMPLOYMENT

EEO STATEMENT

Sauk Valley Bank (SVB) is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or protected veteran status and will not be discriminated against on the basis of disability.

This policy governs all areas of employment at SVB, including recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline, and terminations.

Last Name	First Name	Middle Initial	Email Address	Date
Address		Apt #	City	State
Zip Code		Mobile Number	Home Number	Work Number
Emergency Contact Person			Emergency Contact Phone Number	

Position for which you are applying: _____

How did you hear about us? _____ Referral (Source): _____

Preferred Work Hours: _____ Business Hours _____ Weekends
 _____ Evenings _____ Other _____

What is your desired salary range or hourly rate (\$ _____ Per _____

Type of employment desired: _____ Full-Time _____ Part-Time _____ Seasonal _____ Temporary

Do you write or speak any foreign language(s)? _____ Yes _____ No

If "Yes", set forth the language(s) and circle your level of proficiency:

		<i>Poor</i>				<i>Excellent</i>
Oral	1	2	3	4	5	
Written	1	2	3	4	5	

	YES	NO
Are you a notary public?		
Are you legally authorized to work in the country?		
Will you travel if your job requires it?		
Are you currently enrolled in any training or educational programs related to the position for which you are seeking employment? If yes please describe: _____		
Will you work overtime if required?		
If they have been explained to you, are you able to meet the attendance requirements?		
Are you a member of any organization that is related to the position you are seeking?		

Employment History

Starting with your most recent employer, provide the following information.

Company Name _____ Telephone # _____

Street Address _____ City _____ State _____ Zip Code _____

Supervisor's Name and Title: _____

Dates of Employment: From: _____ To: _____

Starting Salary: _____ Ending Salary: _____

Major Responsibilities and Accomplishments:

Technical skills used on the job (e.g., hardware and software systems, etc.): _____

Aspect of the job you enjoyed the most: _____ Enjoyed the least: _____

Reason for leaving: _____

Company Name _____ Telephone # _____

Street Address _____ City _____ State _____ Zip Code _____

Supervisor's Name and Title: _____

Dates of Employment: From: _____ To: _____

Starting Salary: _____ Ending Salary: _____

Major Responsibilities and Accomplishments:

Technical skills used on the job (e.g., hardware and software systems, etc.): _____

Aspect of the job you enjoyed the most: _____ Enjoyed the least: _____

Reason for leaving: _____

Company Name _____ Telephone # _____

Street Address _____ City _____ State _____ Zip Code _____

Supervisor's Name and Title: _____

Dates of Employment: From: _____ To: _____

Starting Salary: _____ Ending Salary: _____

Major Responsibilities and Accomplishments:

Technical skills used on the job (e.g., hardware and software systems, etc.): _____

Aspect of the job you enjoyed the most: _____ Enjoyed the least: _____

Reason for leaving: _____

Have you been terminated, disciplined, suspended, or discharged by any previous employer?

____ Yes ____ No If "Yes," please explain: _____

Have you ever been employed in a position where you were required to handle cash?

____ Yes ____ No If "Yes," please give the name of the employer and briefly describe your duties.

Have you ever been bonded or denied a bond in connection with any previous job?

____ Yes ____ No If "Yes," please explain: _____

EDUCATION

Circle highest grade completed and degree.

High School 9 10 11 12

College 1 2 3 4 AA BS **Post-Grad:** MA MS MBA PhD

School Attended _____

School Attended _____

Location _____

Location _____

Concentration _____

Concentration _____

Degree _____

Degree _____

Other degrees or certificates: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

____ Microsoft Word	____	Years	____	____	Years
____ Outlook	____	Years	____	____	Years
____ Excel	____	Years	____	____	Years
____ Power Point	____	Years	____	____	Years
____ Quick Books	____	Years	____	____	Years
____	____	Years	____	____	Years
____	____	Years	____	____	Years

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with SVB is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that SVB does not unlawfully discriminate in employment and no question on this applications is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for one year. At the conclusion of that time, if I have not heard from SVB and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that employment with SVB is at will, meaning that either I or SVB may terminate the employment relationship at any time for any lawful reason with or without notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of SVB is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the president of SVB.

I understand a criminal background check may be required if I am selected for an interview or in the event of a conditional offer of employment has been made.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I acknowledge that any false, incomplete, or misleading information I provide on this application from, in a resume, or in a pre-employment interview will be grounds to deny my application or, if discovered later, for immediate dismissal from employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT:

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

Signature of Applicant _____

Date _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.

Pre-Offer Invitation to Self-Identify

Name: _____

Position Applying For: _____

Date: _____

[COMPANY NAME (Abbr. Name)] is a Federal contractor and an **Equal Opportunity Employer**. (Abbr. Name) is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment protected veterans. In order to comply with these laws, (Abbr. Name) invites applicants to voluntarily self-identify their gender, race/ethnicity and protected veteran status. (Abbr. Name) does not discriminate on the basis of race, religion, color, sex, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Check one of the following:

- Male
- Female
- I choose not to self-identify

Check one of the following race/ethnic groups defined on the following page:

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I choose not to self-identify

Check one of the following:

- I identify as one or more of the classifications of protected veterans as defined on the following page
- I am not a protected veteran.
- I choose not to self-identify

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.

Ethnicity and Race 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.
- **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)** – A person who identifies with more than one of the above five races.

Protected Veteran Definitions

- **Disabled Veteran** - one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
 - a person who was discharged or released from active duty because of a service-connected disability.
- **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.
- **Active Duty Wartime or Campaign Badge Veteran** - a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed forces service medal veteran** - a 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.