



Ephrata National Bank

31 East Main Street, Ephrata PA 17522
Phone (717) 733-4181 Fax (717) 733-9181

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Federal, state, and local laws prohibit illegal discrimination in hiring or employment on the basis of race, color, religion, national origin, sex, non-job related disability, ancestry, or on the basis of age against persons who are forty years of age or older. No question on this application is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Ephrata National Bank, at its expense, completes references that may include but not limited to criminal investigation, credit, fingerprinting, drug testing, etc. (not relative to race, color, religion, national origin, sex, disability, ancestry, or age). Unless references meet Ephrata National Bank's minimum standards, it will not offer employment or continue employment if already offered

Please answer every question. Use INK. PLEASE PRINT

_____			_____			
			(Date)			
_____			_____			
			(Social Security Number)			
_____	_____	_____	_____			
(First)	(Middle)	(Last)	(Telephone Number)			
Address _____			_____			
_____	_____	_____	_____			
(Number)	(Street)		(Secondary Telephone Number)			
_____	_____	_____	_____			
(City)	(State)	(Zip Code)	(Length of Time at this Address)			
Temporary Address _____			Until _____			
List previous addresses, if address changed during the past 5 years.						
_____	_____	_____	_____	_____	_____	_____
No.	Street	City	State	Zip Code	From (date)	To (date)
_____	_____	_____	_____	_____	_____	_____
No.	Street	City	State	Zip Code	From (date)	To (date)

If you need more space, please continue on a separate sheet.

From this point forward, you may PRINT or WRITE

List type(s) of work desired _____ Salary Requirement _____

How were you referred to us? _____ Date available for work _____

Employment Desired Full-Time Part-Time Temporary Until _____

Are you willing to work Day Shift: Yes No Night Shift: Yes No

Evening Shift: Yes No Weekends/Holidays: Yes No

Availability Hours from _____ to _____ Comments: _____

Days (circle) Mon. Tue. Wed. Thu. Fri. Sat.

Have you applied here before? Yes No If yes, give approximate date _____

Have you been employed here previously? Yes No If yes, give dates from _____ to _____

Job Title/Dept. _____ Reason for leaving _____

What relatives of yours are employed by us? _____

Are you over 17 years of age? Yes No

Are you either a U. S. Citizen or a non-citizen with a Visa authorizing you to work in the U. S.? Yes No

EMPLOYMENT RECORD (This section must be fully completed to be considered for employment)

Starting with PRESENT or MOST RECENT, list all previous employers, regardless of length of employment. Include self-employment, military service, summer and part-time jobs. Do not skip any jobs. If you need more space, please continue on a separate sheet.

Name and Address of Former Employer	Dates of Employment From To	Starting Salary	Last Salary	Supervisor's Name and Title	Reason For Leaving
Company Name					
Number and Street	Position and Duties				
City and State Zip					
Telephone ()					

Name and Address of Former Employer	Dates of Employment From To	Starting Salary	Last Salary	Supervisor's Name and Title	Reason For Leaving
Company Name					
Number and Street	Position and Duties				
City and State Zip					
Telephone ()					

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Company Name					
Number and Street	Position and Duties				
City and State Zip					
Telephone ()					

If presently employed, why do you desire to change your position? _____

May we contact the employers listed above? Yes No If not, which ones may we not contact? _____

Please explain. _____

Have you ever been discharged or asked to resign? Yes No If yes, please explain fully _____

List your former name(s) under which employment and/or education records are kept. _____

1) Have you ever pled guilty to or been convicted of any crime involving dishonesty or breach of trust?

2) Other than those listed in # 1, have you pled guilty to or been convicted of any crime other than a misdemeanor or summary offense?

Yes No If yes, provide details of the offense. _____

UNEMPLOYMENT RECORD

Account for all periods of unemployment of 1-month duration or more since you left school until the present time.

FROM		TO		STATE WHAT YOU WERE DOING DURING UNEMPLOYMENT PERIODS
MO	YR	MO	YR	

EDUCATION

TYPE	SCHOOL	ADDRESS	# YEARS ATTENDED	COURSE OF STUDY	DIPLOMA/DEGREE
HIGH SCHOOL OR PREPARATORY					
BUSINESS SCHOOL OR TECHNICAL					
COLLEGE OR UNIVERSITY					
GRADUATE WORK					

Courses now studying: _____

SKILLS

Check all skills: Adding Machine Accounting Bookkeeping Data Entry - Words Per Minute _____
 Dictaphone Proof Machine - Items Per Hour _____ Stenography - Words Per Minute _____
 Switchboard Other _____ Other _____

PC Skills: Word Processing Spreadsheet Database Other _____
 Data Entry - Keystrokes per minute _____ Typing: Words per minute _____

PC/Platforms: IBM/Compatible Mac/Apple Win 95/98/ME Other _____

Mainframe Information Services/Data Processing Knowledge/Experience _____

List scholastic honors, offices held, and activities in school _____

If you did not graduate, why did you leave school or college? _____

Are you planning to pursue further studies? Yes No Day School Night School

If so, when, where, and what courses _____

GENERAL INFORMATION

Use the space below to describe your interest in Ephrata National Bank and the skills and aptitudes that you feel qualify you for a position with this company. (You may wish to include civic and Community activities, professional societies in which you participate, hobbies, sports, special training, or skills such as typing, accounting, and the like.) You need not indicate any activities that would reveal race, color, religion, national origin, sex, ancestry, handicap, or age. (Use additional paper as necessary)

Ephrata National Bank

SELF IDENTIFICATION FORM

PLEASE PRINT

NAME: _____ DATE: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

We, as an employer, wish to voluntarily comply with various laws and regulations which require us to file annual statistical reports on applicants for employment. In addition, we wish to voluntarily comply with the various laws and regulations that protect people with disabilities, veterans with disabilities and veterans who served on active duty during the Vietnam-era for more than 180 days. **Submission of this information by you is voluntary.** Please be assured that you will not be subjected to any adverse treatment if you do not provide the information as requested.

APPLICANTS IDENTIFYING THEMSELVES AS HAVING A DISABILITY

1. Are you an individual with a disability or do you have any physical condition or disability that may limit your ability to perform the position(s) for which you apply? _____ YES _____ NO
2. If yes, do you possess or can we provide you with any special methods, skills, or procedures that might qualify you for positions you might not otherwise be able to do because of your disability?

You are not required to provide the above information concerning a disability. If you do, it will be kept confidential, with the following exceptions:

- Supervisors may be informed if accommodation is necessary or if your work duties are restricted.
- Government representatives may be provided information in compliance with various laws and regulations.

APPLICANTS IDENTIFYING THEMSELVES AS DISABLED VETERANS, VIETNAM-ERA VETERANS OR A VETERAN OF ANOTHER CAMPAIGN OR WAR.

1. Are you a disabled veteran? _____ YES _____ NO
2. Are you a Vietnam-era veteran who served on active duty for more than 180 days during the Vietnam-era?
_____ YES _____ NO
3. Are you a veteran of another campaign or war other than Vietnam?
_____ YES _____ NO Campaign/War _____

APPLICANTS IDENTIFYING THEIR SEX AND RACE

SEX CLASSIFICATION _____ MALE _____ FEMALE

EEO CLASSIFICATION

- | | |
|---|---|
| _____ Hispanic or Latino | _____ American Indian or Alaskan Native |
| _____ Black or African American | _____ Two or more races |
| _____ White | |
| _____ Native Hawaiian or Other Pacific Islander | |
| _____ Asian | |

SIGNATURE _____ DATE _____

Ephrata National Bank

AGREEMENT AND RELEASE FOR CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

The Consumer Reporting Act of 1996 places certain requirements on employers who use credit reports for employment decisions. This agreement and release describes these requirements and includes a signature area for allowing the Bank to complete credit reports for employment purposes.

I understand that as part of the procedure for processing employment applications, or at various other times during any periods of employment with Ephrata National Bank or any of its affiliates, a consumer credit report and/or consumer investigative credit report made be made.

I authorize and instruct any person, organization, or consumer reporting agency to compile and to furnish to Ephrata National Bank any information it may have in response to such consumer inquiries or investigative consumer inquiries (which may include information as to credit, general reputation, personal characteristics, and mode of living) and which may be obtained through personal interviews with neighbors, friends, or others with whom I am acquainted.

I understand that if employment is denied due to information obtained in the credit report or consumer credit report, I will be provided a copy of the report along with a letter detailing where the report was created and the phone number and address of the reporting service where additional information and a description of my rights as a consumer under the Consumer Reporting Act of 1996 can be obtained.

I hereby acknowledge that I have read the above agreement and release and understand the same.

Date

Signature

Ephrata National Bank will not use any information obtained from the consumer report in violation of any applicable federal or state equal employment opportunity law or regulation.