



Main Office:  
 59 W. Washington St.  
 P.O. Box 1677  
 Martinsville, IN 46151  
 Phone: (765) 342-6695

# APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

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

### PERSONAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
No. Street City State Zip

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Are you eligible for employment in the U.S.A.? <i>If hired, you will be required to submit proof of your eligibility to work in the U.S.A.</i>	Yes No	Are you eighteen years of age or older? <i>Employment is subject to verification that you are of minimum legal age.</i>	Yes No
---	-----------	--	-----------

Were you previously employed by us? If yes, when? _____	Yes No	Have you ever applied here before? If yes, when? _____	Yes No
--	-----------	---	-----------

Are you related to any current Home Bank employee(s)? Yes \_\_\_\_\_ Name: \_\_\_\_\_  
 No \_\_\_\_\_ Relationship: \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there job related experiences, skills, or qualifications that will be of special benefit in the job for which you are applying?

## EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

I Most Recent

Name and Address of Company	From	To	Starting Wage	Ending Wage	Reason for Leaving
	Mo/Yr	Mo/Yr	Per <i>hr wk bi-wk</i>	Per <i>hr wk bi-wk</i>	
			\$	\$	
Job title and describe the work you did:					
Supervisor:					
Telephone:					

II Next Most Recent

Name and Address of Company	From	To	Starting Wage	Ending Wage	Reason for Leaving
	Mo/Yr	Mo/Yr	Per <i>hr wk bi-wk</i>	Per <i>hr wk bi-wk</i>	
			\$	\$	
Job title and describe the work you did:					
Supervisor:					
Telephone:					

III Previous Employer

Name and Address of Company	From	To	Starting Wage	Ending Wage	Reason for Leaving
	Mo/Yr	Mo/Yr	Per <i>hr wk bi-wk</i>	Per <i>hr wk bi-wk</i>	
			\$	\$	
Job title and describe the work you did:					
Supervisor:					
Telephone:					

IV Previous Employer

Name and Address of Company	From	To	Starting Wage	Ending Wage	Reason for Leaving
	Mo/Yr	Mo/Yr	Per <i>hr wk bi-wk</i>	Per <i>hr wk bi-wk</i>	
			\$	\$	
Job title and describe the work you did:					
Supervisor:					
Telephone:					

V Previous Employer

Name and Address of Company	From	To	Starting Wage	Ending Wage	Reason for Leaving
	Mo/Yr	Mo/Yr	Per <i>hr wk bi-wk</i>	Per <i>hr wk bi-wk</i>	
			\$	\$	
Job title and describe the work you did:					
Supervisor:					
Telephone:					

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below:

Employer I	Yes	No
Employer II	Yes	No
Employer III	Yes	No
Employer IV	Yes	No
Employer V	Yes	No

Signed: \_\_\_\_\_

## EDUCATION

### List Name and Address of Schools Beginning With High School Attended

Name of School:		Number of Years Attended	Diploma/Degree/Certificate Received
Street Address:			
City, State and Zip			
Subjects Studied:			
Name of School:		Number of Years Attended	Diploma/Degree/Certificate Received
Street Address:			
City, State and Zip			
Subjects Studied:			
Name of School:		Number of Years Attended	Diploma/Degree/Certificate Received
Street Address:			
City, State and Zip			
Subjects Studied:			
Name of School:		Number of Years Attended	Diploma/Degree/Certificate Received
Street Address:			
City, State and Zip			
Subjects Studied:			

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?

List professional, trade, business or civic activities and offices held. *(Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, disability or other protected status.)*

## PERSONAL REFERENCES

Give three references, not relatives or former employers.

Name: _____	Name: _____	Name: _____
Occupation: _____	Occupation: _____	Occupation: _____
Address: _____	Address: _____	Address: _____
City, St, Zip _____	City, St, Zip _____	City, St, Zip _____
Telephone: _____	Telephone: _____	Telephone: _____

Have you worked or attended school under any other name(s)?	Yes No	If yes, give name(s):
---	-----------	-----------------------

Have you ever been fired from or asked to resign?	Yes No	If yes, please explain:
---	-----------	-------------------------

Have you ever been convicted of any law violation (except minor traffic violations)?	Yes No	If yes, give details:
--	-----------	-----------------------

Are you now or do you expect to be engaged in any other business or employment?	Yes No	If yes, please explain:
---	-----------	-------------------------

May we telephone you to follow up on this application at home?    Yes    No    If yes, what is the best time to call? \_\_\_\_\_

May we telephone you to follow up on this application at work?    Yes    No    If yes, what is the best time to call? \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_

### 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 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: \_\_\_\_\_