

APPLICATION FOR EMPLOYMENT



We consider applications for all positions without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, veteran status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> School	<input type="checkbox"/> Work One
<input type="checkbox"/> Bank Website	<input type="checkbox"/> Friend	<input type="checkbox"/> Other	<input type="checkbox"/> Linked In
Last Name		First Name	Middle Name
Address	Number	Street	City
			State
		Zip Code	
Telephone Number(s)		Social Security Number (Voluntary)	
Email Address:			

Best time to contact you at home is:		:	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date			
Have you previously worked at Peoples Bank?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relatives, other than a spouse, work here?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment</i>			
Date available for work		/	/
		What is your desired salary range?	
Are you available to work:		<input type="checkbox"/> Full-Time	
		<input type="checkbox"/> Part-Time (please indicate Mornings Afternoon Evenings)	
		<input type="checkbox"/> Temporary (please indicate dates available / / - / /)	
Can you travel if a job requires it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

ADDITIONAL INFORMATION

Summarize any specialized training, or other job-related skills.

Describe any job-related training received in the United States military.

Specialized Skills (Check Skills)

PC

Word Processing

Spreadsheet

Additional Languages (List)

Other (List)

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, disability or other protected status.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate, race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without reasonable accommodation?

YES

NO

WORK-RELATED REFERENCES

1.	_____ (Name) _____ () _____ Phone #
2.	_____ (Name) _____ () _____ Phone #
3.	_____ (Name) _____ () _____ Phone #
4.	_____ (Name) _____ () _____ Phone #

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee- at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Affirmative Action Questionnaire

Peoples Bank is an Equal Opportunity Employer that complies with federal and state regulations pertaining to affirmative action, equal opportunity, and non-discrimination. Qualified applicants are considered for positions without regard to race, color, religion, gender, sexual orientation, military status, national origin, authorized citizenship status, age, disability, genetic information, or any other characteristic protected by applicable federal or state law. The Bank also recognizes its responsibility to hire, train and promote protected veterans. This information is used solely to help us comply with governmental record keeping, reporting and other legal requirements. We request that you please fill out the information below. We appreciate your cooperation. Please be advised that this questionnaire is not part of your official application for employment and will be maintained confidentially in the Office of Human Resources.

YOUR COOPERATION IS VOLUNTARY.

Name _____ Date _____

Position _____

Gender: Female _____ Male _____

Race and Ethnic Identification Categories

- 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 affiliation or community attachment.
- 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.
- BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO) – A person having origins in any of the black racial groups of Africa.
- HISPANIC OR LATINO – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- 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.
- WHITE (NOT HISPANIC OR LATINO) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- TWO OR MORE RACES (NOT HISPANIC OR LATINO) – All persons who identify with more than one of the above six races.
- I DO NOT WISH TO SELF-IDENTIFY

Protected Veteran Status

- DISABLED VETERAN - A veteran who served on active duty in the U.S. military and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veteran Affairs, or was discharged or released from active duty because of a service-connected disability.
- OTHER PROTECTED VETERAN – A veteran who served on active duty in the U.S. military during a war, or in a campaign or expedition for which a campaign badge was authorized under laws administered by the Department of Defense.
- RECENTLY SEPARATED VETERAN – A veteran separated during the three-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military.
- ARMED FORCES SERVICE MEDAL VETERAN – A veteran who, while serving on active duty in the U.S. military, participated in a U.S. military operation that received an Armed Forces service medal.
- NOT A VETERAN
- I DO NOT WISH TO SELF-IDENTIFY

PEOPLES BANK

CREDIT CHECK AUTHORIZATION FORM FOR EMPLOYMENT

This is to inform you that as part of our interview process, we need to obtain a copy of your consumer report prepared by a consumer reporting agency, also known as a credit report, as a portion of a routine background check.

Information from the report will not be used in violation of any federal or state equal opportunity law or regulation. Peoples Bank is proud to be an Equal Opportunity Employer.

By signing this form, I authorize Peoples Bank to obtain a consumer report through the credit or consumer reporting agency of its choice. I further authorize Peoples Bank to check my consumer/credit report as needed, on an on-going basis as it relates to my employment.

If an adverse decision is made including denial of employment, in whole or in part, based on the information on the consumer report, Peoples Bank will provide me a free copy of the report. In addition Peoples will provide a summary of my rights under the Fair Credit Reporting Act and the source of the consumer/credit report so that I may contact the agency if I elect to do so.

Signature: _____ Date: _____

Please PRINT the following information:

First Name: _____ Middle Name: _____

Last Name: _____ Former Names: _____

Social Security Number: _____

Date of Birth _____

Street Address: _____

City: _____ State: _____ Zip: _____



8850 Tyler Blvd., Mentor, OH 44060 Phone 800-991-9694 Fax (440) 205-8355
 Visit our website at: www.backtracker.com or email us at: btsearches@backtracker.com

BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK (Ver. 1.17)

BackTrack, Inc. is an employment screening company that conducts background checks on prospective employees/employees for our clients as part of their standard hiring procedure. In order to perform this check, we need you to provide the following information. Please be sure to fill out this form completely and legibly.

APPLICANT INFORMATION (please print clearly & accurately)					
Position Applying For:			Expected Salary:		
Last Name		First Name		Middle Name	
Maiden Name		Any Other Name(s) Used		Phone ()	
Home Address			E-Mail Address		
City	State	Zip	County	From Mth/Yr	To Mth/Yr
Social Security Number *		Date of Birth *		Military Branch of Service	
*For background screening purposes only					
Driver's License Number			State License was Issued		
High School		City/State Location		Year Graduated	
Full Name Diploma Issued Under					
If GED received, in what State		City/State Location		Date Received	
Name Used for GED					
College		City/State Location		Year Graduated	
Degree Rec'd:					
<input type="checkbox"/> Associate		<input type="checkbox"/> Bachelor		<input type="checkbox"/> Master	
<input type="checkbox"/> Other		Student ID Number:		Full Name Used	
List Previous Addresses (to cover last 7 years)					
Address		City/State		Zip	
County		From Mth/Yr		To Mth/Yr	
Address		City/State		Zip	
County		From Mth/Yr		To Mth/Yr	

NOTE: The absence of any of the above information could result in a delay in processing your background. If necessary, a representative from BackTrack, Inc. will contact you for additional information in order to expedite the background process. Thank you for your assistance.

---FOR CLIENT USE ONLY - DO NOT WRITE BELOW THIS LINE---

CLIENT INFORMATION		SERVICES REQUESTED <input type="checkbox"/> RUSH ORDER (\$27 extra charge)	
Name:		<u>SELECT PACKAGE:</u>	
Title:		<input type="checkbox"/> People's Bank Standard Package	
E-Mail Address:			
Company Name:		<u>OPTIONAL SERVICES:</u>	
Address:		<input type="checkbox"/> Education Verification	
City/State/Zip:		Comments:	
If Applicable, Division or Code #:			
Phone Number:			
Fax Number:			

YOU MUST COMPLETE AND RETURN THE BACKGROUND INFORMATION FORM, THE DISCLOSURE FORMS AND THE AUTHORIZATION FORM FOR A BACKGROUND CHECK



8850 Tyler Blvd., Mentor, OH 44060 Phone 800-991-9694 Fax (440) 205-8355
Visit our website at: www.backtracker.com or email us at: btsearches@backtracker.com

DISCLOSURE REGARDING BACKGROUND INVESTIGATION (Ver. 1.17)

The Company may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks.

Signature _____ Date _____

Printed Name _____ Company Applying To _____



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RIGHT TO OBTAIN MORE INFORMATION REGARDING
INVESTIGATIVE CONSUMER REPORTS (Ver. 1.17)

You have the right to request disclosure of the nature and scope of any investigative consumer report ordered by the Company. You may either contact the Company for this information or the agency preparing the report, BackTrack, Inc., 8850 Tyler Blvd., Mentor, OH 44060, 800-991-9694. Please be advised that the nature and scope of the most common form of investigative consumer report obtained by the Company is an investigation into your employment history. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Signature _____ Date _____

Printed Name _____ Company Applying To _____



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ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND CHECK (Ver. 1.17)

I acknowledge receipt of the following documents: DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, ADDITIONAL STATE LAW NOTICES, and RIGHT TO OBTAIN MORE INFORMATION REGARDING INVESTIGATIVE CONSUMER REPORTS. I certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" about me by the Company at any time during the hiring process and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by BackTrack, Inc., 8850 Tyler Blvd., Mentor, OH 44060, (800) 991-9694, another outside organization and/or Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Minnesota applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature _____ Date _____

Printed Name _____ Company Applying To _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street, N.W., Washington, DC 20552.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

a person has taken adverse action against you because of information in your credit report;

you are the victim of identify theft and place a fraud alert in your file;

your file contains inaccurate information as a result of fraud;

you are on public assistance;

you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPT-OUT (888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20423</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20549</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations.</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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

(over)

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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.