



APPLICATION FOR EMPLOYMENT

The Bank of Springfield Center is committed to the provisions of Equal Employment Opportunities to its applicants regardless of race, color, religion, ancestry, age, sex, marital or veterans' status, national origin, disability or any other legally protected status

All statement made by applicant for employment on this application form will be checked for accuracy. Please read carefully, answer all questions, and print clearly in ink.

Name _____ Email Address: _____
Last First MI

Address _____
Street City State Zip

Telephone Number (or Number you can be reached) _____

Position Applying for/or Desired: 1 _____
2 _____
3 _____
4 _____

Type of Employment? () Full Time () Part Time () Seasonal () Other _____

If Applying for a part-time or seasonal position, what days & hours are you available to work?
Days _____ Hours _____

Rate of Pay Expected? \$ _____ (hour), or \$ _____ (monthly)

How soon can you report to work? _____

Do you have a legal right to work in the United States? _____ Yes _____ No

If no, please explain: _____

Are you 16 years or age or older? _____ Yes _____ No

Have you applied with BOS Center/PCCC in the past six (6) months? _____ Yes _____ No

If yes, give date and position applied _____

Are you currently taking unlawful or illegal drugs? ** _____ Yes _____ No

Have you been previously employed by BOS Center/PCCC? _____ Yes _____ No

If yes, when? _____ Supervisor? _____ Reason for Leaving? _____

WORK EXPERIENCE HISTORY

(List most recent employers, including volunteer services)

May we contact your current Employer(s)? _____ Yes _____ No

Employer: _____ Dates Employed: _____ to _____

Address: _____ Phone () _____

Job Position/Title _____

Immediate Supervisor(s) Name & Title: _____

Briefly describe your job duties: _____

Reason for Leaving (or desiring to leave current employer)? _____

Employer: _____ Dates Employed: _____ to _____

Address: _____ Phone () _____

Job Position/Title _____

Immediate Supervisor(s) Name & Title: _____

Briefly describe your job duties: _____

Reason for Leaving (or desiring to leave current employer)? _____

Employer: _____ Dates Employed: _____ to _____

Address: _____ Phone () _____

Job Position/Title _____

Immediate Supervisor(s) Name & Title: _____

Briefly describe your job duties: _____

Reason for Leaving (or desiring to leave current employer)? _____

FORMAL EDUCATION- TRAINING - CERTIFICATION REPORT

HIGH SCHOOL (OR EQUIVALENCY)

Name of School(s) attended _____

Location of School Attended _____

Did you complete High School w/ Diploma? _____ Yes _____ No

If no, did you receive your GED? _____ Yes _____ No

If Yes, Where did you receive your GED? _____

COLLEGE OR UNIVERSITY

Name of School(s) attended _____

Major Course of Study _____ Minor Course of Study _____

Did you complete....? Associates Degree? _____

Mark Circle & Explain

Bachelors Degree? _____

BUSINESS/TRADE OR TECHNICAL/VOCATION SCHOOLS

Name of School(s) attended _____

Any Certificate Received? _____ Yes _____ No

If yes, please identify type, date received and institution received:

GRADUATE SCHOOL

Name of School(s) attended _____

Graduate Degree Course of Study _____

Did you complete? _____ Yes _____ No

Please provide any additional information such as internships, special skills, training, management or supervisory experience, equipment operation, or other qualifications, including military service, you feel will be helpful in considering your application:

JOB APPLICANTS AGREEMENT AND CERTIFICATION
(PLEASE READ CAREFULLY, BEFORE SIGNING)

“I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment, or if employed and found later, dismissal from employment.”

“I understand that prior to being offered employment with the BOS Center, employer and reference background investigations may be initiated. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damage on account of having furnished such information.”

“I understand that prior beginning employment with the BOS Center, I will be required to take a physical and submit to a drug screening examination. In the event I have a disability which will affect my ability to take such a test, I will so inform the BOS Center prior to the administration of the test so that a reasonable accommodation can be made. Requesting accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. BOS Center reserves the right to require medical documentation concerning the need for such accommodation.”

“I understand that prior to beginning employment with the BOS Center, I may be required to submit and authorize the BOS Center to investigate into my criminal background and hereby authorize the BOS Center to check such criminal back ground records by signing below.”

“I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the BOS Center and myself. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the BOS Center unless specified in writing.”

“I understand that this application will be kept on file for six (6) months from the date completed, after which time I would have to reapply in accordance with established BOS Center policy.”

Signature of Applicant*

Date

Mail Completed Applications to:

Bank of Springfield Center
Attn: Administrative Office
#1 Convention Center Plaza
Springfield IL 62701

OR Email Completed Applications to: info@theboscenter.com

*Applications will not be processed unless they are signed and dated by the applicant