



APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the Company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, and any other legally protected status under state and federal law. It is also the policy of the Company to conduct pre-employment screening (Credit History and Criminal Background Searches) if a job offer is made.

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

POSITION APPLIED FOR: _____		DATE OF APPLICATION: _____	
LOCATION: <input type="checkbox"/> LARUE COUNTY <input type="checkbox"/> NELSON COUNTY <input type="checkbox"/> EITHER			
LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS	NUMBER	STREET	CITY STATE ZIP CODE
Telephone Number(s)		SOCIAL SECURITY NUMBER	

EMPLOYMENT INFORMATION

BEST TIME TO CONTACT YOU:	Are you at least 18 years of age and legally eligible for work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? <input type="checkbox"/> YES, IF YES DATE: _____ <input type="checkbox"/> NO	HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> YES, IF YES DATE: _____ <input type="checkbox"/> NO	
DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE? <input type="checkbox"/> YES, IF YES NAME/RELATIONSHIP: _____ <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? <small>PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	ON WHAT DATE WOULD YOU BE AVAILABLE TO WORK?	DESIRED SALARY: \$
ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	CAN YOU TRAVEL IF A JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED FROM A JOB? <input type="checkbox"/> YES – PLEASE EXPLAIN: <input type="checkbox"/> NO	HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? <input type="checkbox"/> YES – PLEASE EXPLAIN: <input type="checkbox"/> NO	
HAVE YOU RECEIVED A DESCRIPTION OF THE JOB OR BEEN MADE AWARE OF THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU UNDERSTAND THE JOB REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

SCHOOL	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DIPLOMA / DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE SCHOOL				
TRADE, BUSINESS OR OTHER				

LINCOLN NATIONAL BANK IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Start with your present or last job, and list your last 4 employers.

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)	HOURLY RATE / SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR	REASON FOR LEAVING		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR	REASON FOR LEAVING		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR	REASON FOR LEAVING		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR	REASON FOR LEAVING		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

COMMENTS

(IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.)

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JOB-RELATED SKILLS

DESCRIBE ANY SPECIALIZED TRAINING & SKILLS AND LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD.

YOU MAY EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY, OR OTHER PROTECTED STATUS:

ADDITIONAL INFORMATION/OTHER QUALIFICATIONS: *SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE*

SPECIALIZED SKILLS (EQUIPMENT)

<input type="checkbox"/> TERMINAL <input type="checkbox"/> PC / MAC <input type="checkbox"/> TYPEWRITER- WPM: _____	<input type="checkbox"/> SPREADSHEET <input type="checkbox"/> WORD PROCESSING <input type="checkbox"/> CALCULATOR	PRODUCTION/MOBILE MACHINERY/OTHER (LIST):
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REFERENCES *Do NOT INCLUDE FAMILY MEMBERS*

	NAME	PHONE NUMBER	YEARS ACQUAINTED	RELATIONSHIP
1				
2				
3				

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE, MISLEADING, OR INACCURATE 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



VOLUNTARY APPLICANT SURVEY

APPLICANTS ARE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, CREED, COLOR, AGE RELIGION, SEX, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, CITIZENSHIP STATUS, DISABILITY, OR ANY OTHER PROTECTED CATEGORY. AS A GOVERNMENT CONTRACTOR, WE ARE COMMITTED TO COMPLIANCE WITH APPLICABLE GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES. SOLELY TO HELP US COMPLY WITH GOVERNMENT RECORD KEEPING, REPORTING AND OTHER REQUIREMENTS, WE ASK THAT YOU ASSIST US BY COMPLETING THIS VOLUNTARY APPLICANT SURVEY. WE APPRECIATE YOUR COOPERATION. THIS DATA IS FOR PERIODIC GOVERNMENT REPORTING AND WILL BE KEPT IN A CONFIDENTIAL FILE.

NAME:	
DATE:	
POSITION APPLIED FOR:	
REFERRAL SOURCE:	<input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER

SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

CHECK ONE:	CHECK ONE OF THE FOLLOWING:	CHECK, IF APPLICABLE:
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> OTHER	<input type="checkbox"/> ARMED FORCES SERVICE MEDAL VETERAN <input type="checkbox"/> RECENT SEPARATED VETERAN <input type="checkbox"/> OTHER PROTECTED VETERAN

Thank You.