

# Mechanics

## BANK

Member FDIC

<b>Main Office</b>	<b>South Side Office</b>	<b>Madison Office</b>	<b>Ontario Office</b>	<b>Lexington Office</b>	<b>Trimble Rd. Office</b>	<b>Shelby Office</b>	<b>Clear Fork Office</b>	<b>Free Road Office</b>
2 South Main St. Mansfield, OH 44902 419-524-0831	971 Lexington Ave. Mansfield, OH 44907 419-756-1211	980 Ashland Rd. Mansfield, OH 44905 419-589-7807	2103 Park Ave. West Mansfield, OH 44906 419-529-4283	256 East Main St. Lexington, OH 44904 419-884-6010	490 North Trimble Rd. Mansfield, OH 44906 419-525-2265	140 Mansfield Ave. Shelby, OH 44875 419-347-0831	65 Main St. Belville, OH 44813 419-886-3045	674 Free Road Shiloh, OH 44878 419-896-2149

## Application for Employment

### Thank you for your interest in Mechanics Bank.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits and participation in union activities.

If you are offered employment, you are required to submit proof of your eligibility to work in the USA.

### Personal

LAST NAME		FIRST	MIDDLE INITIAL	DATE
ADDRESS		CITY		STATE ZIP
HOME PHONE NUMBER	CELL PHONE NUMBER		SOCIAL SECURITY NUMBER	
POSITION(S) DESIRED			TYPE OF WORK DESIRED <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Summer	
HOW WERE YOU REFERRED TO US?		SALARY REQUIREMENTS	DATE AVAILABLE FOR WORK	

Are you under a non-competition contract with a previous or current employer?    Yes    No

Are you over the age of eighteen (18)?    Yes    No

If no, employment is subject to verification that you are of minimum legal age.

Why is Mechanics Bank the right place for you?

## Employment History

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

Name and Address of company and Type of Business	From	To	Weekly Salary	Describe the work you did and your reason for leaving:
	Mo/yr	Mo/yr		
	Job Title			
Phone				
May we contact this employer concerning your prior work experience? Yes <input type="radio"/> No <input type="radio"/>	Name of Supervisor			
Name and Address of company and Type of Business	From	To	Weekly Salary	Describe the work you did and your reason for leaving:
	Mo/yr	Mo/yr		
	Job Title			
Phone				
May we contact this employer concerning your prior work experience? Yes <input type="radio"/> No <input type="radio"/>	Name of Supervisor			
Name and Address of company and Type of Business	From	To	Weekly Salary	Describe the work you did and your reason for leaving:
	Mo/yr	Mo/yr		
	Job Title			
Phone				
May we contact this employer concerning your prior work experience? Yes <input type="radio"/> No <input type="radio"/>	Name of Supervisor			
Name and Address of company and Type of Business	From	To	Weekly Salary	Describe the work you did and your reason for leaving:
	Mo/yr	Mo/yr		
	Job Title			
Phone				
May we contact this employer concerning your prior work experience? Yes <input type="radio"/> No <input type="radio"/>	Name of Supervisor			

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

## Education

School	Name and Address of School	Course of Study	Last year completed	Did you Graduate?	List diploma or degree
High School				<input type="radio"/> Yes <input type="radio"/> No	
College				<input type="radio"/> Yes <input type="radio"/> No	
Other				<input type="radio"/> Yes <input type="radio"/> No	

## Personal References

The references listed below should not be relatives or appear in the Employment History section of this application.

1. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

## Other

What activities are you involved in which serve the community in which you live? List any offices held.

By signing below i am giving Mechanics Bank permission to contact the employers listed under Employment History as indicated and the people listed under Personal References.

Signed \_\_\_\_\_

Please read and sign below

The facts set forth in my application for employment are true and complete. i understand that if employed, any false statement on this application may result in my dismissal. i further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. i understand and agree that my employment would be at will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of Mechanics Bank has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

Mechanics Bank is an equal opportunity employer.

Office Use Only

## APPLICANT INFORMATION FORM

Dear Applicant:

In order for us to meet federal recordkeeping requirements, we request that you answer the following personal questions. This information is voluntary and refusal to provide it will not result in any adverse treatment. This information will not be used for any purpose in the employee selection process. If you have any questions about this form, please do not hesitate to ask to speak to a representative of the Human Resources Department.

PLEASE PRINT

1. Position desired \_\_\_\_\_ Date \_\_\_\_\_

2. Full name \_\_\_\_\_

3. Sex (check one)                       Male                       Female

4. Ethnicity origin

Are you Hispanic or Latino? (Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

Yes

No

Continue with question 5 **only** if you answered “**no**” to question 4.

5. Race and ethnic origin (check one)

White (not Hispanic origin) – persons having origins in any of the original peoples of North Africa, Europe, or the Middle East

Black/African American – persons having origins in any of the Black racial groups of Africa

Asian – persons having origins in any of the original peoples of the Far East, Southern Asia or the Indian subcontinent including, for example, Cambodia, China India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Native Hawaiian or other Pacific Islander – persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands

American Indian or Alaskan Native – persons having origins in any of the original peoples of North and South America (including Central America) who maintain tribal affiliation or community attachment

Two or more races – persons who identify with more than one of the above five races

## DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I authorize Mechanics Bank (Mechanics) to obtain credit reports, consumer reports and/or criminal background checks for employment purposes. I understand and agree that background inquiries may be requested by or on behalf of Mechanics that may include, but are not limited to, credit reports and information as to my character, general reputation, personal characteristics, mode of living, and work habits, including oral assessments of my job performance, experiences and abilities, and reasons for termination of past employment. Furthermore, I understand and agree that Mechanics may request information from various federal, state, and public or private entities concerning my past activities relating to my criminal and civil records, motor vehicle records, credit records, employment and education records, social security records, references, drug test results, and copies of prior personnel files. Additionally, the information contained in an investigative consumer report may also be obtained through personal interviews of references, co-workers, current or former employers, or other personal acquaintances. Any information contained in any consumer report may be taken into consideration in evaluating my suitability for employment, promotion, reassignment, or retention.

I understand that Mechanics will provide me with a copy of any consumer report obtained on me if the information contained in such report is used in making an adverse decision regarding my employment with and/or application for employment with Mechanics. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I acknowledge that a photocopy or facsimile copy of this authorization shall be effective as the original. This authorization is valid for all federal, state, county and local agencies and authorities and any public or private entity or organization. This authorization will remain in force until I specifically revoke it in writing. If this authorization is revoked, I acknowledge that I may not be eligible for employment in certain positions at Mechanics and that I may be terminated or reassigned to a different position at Mechanics' sole discretion. Accordingly, by signing below, I am authorizing Mechanics to obtain credit reports, consumer reports, and investigative consumer reports for employment and other purposes prior to my employment, at any time during my employment upon prior notice, or during any litigation resulting from my employment.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

---

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Please print other names you have used: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This disclosure and authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b (b) (2).

## INVITATION TO SELF-IDENTIFY AS A PROTECTED VETERAN

Mechanics Bank is an Equal Opportunity Employer. As required by the Vietnam Era Veterans' Readjustment Assistant Act (VEVRAA), we have established an Affirmative Action Program which is designed to help us employ and advance the employment of (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; (4) and armed forces service medal veterans.

**Important Note:** The information collected in this form will be used only in ways that are not inconsistent with VEVRAA. Any information you submit is completely voluntary and your refusal to provide it will not subject you to any adverse treatment. Furthermore, the information that you do submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of disabled veterans and regarding necessary accommodations; (ii) first aid and safety personnel may be informed where appropriate if you have a condition that might require emergency treatment; and (iii) government officials enforcing laws administered by the Office of Federal Contract Compliance or enforcing the Americans with Disabilities Act may also be informed.

### 1. DEFINITIONS

A "disabled veteran" is one of the following: (a) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" is any veteran who was discharged or released from active duty in the U.S. military, ground, naval, or air service in the past three years.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the law administered by the Department of Defense.

An "armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

VEVRAA requires us to request the following information in order to measure the effectiveness of the outreach and positive recruitment efforts that we undertake pursuant to VEVRAA.

### 2. INVITATION TO SELF IDENTIFY

VEVRAA requires us to request the following information in order to measure the effectiveness of the outreach and positive recruitment efforts that we undertake pursuant to VEVRAA.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I identify as one or more of the classifications of protected veteran listed above
- I am not a protected veteran

If you are a disabled veteran and are seeking an accommodation that would enable you to perform the essential functions of the job, please contact the Human Resources Manager at (419) 524-0831.

---

Signature

---

Today's Date

# 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.<sup>1</sup> 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



# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

## 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.

---

<sup>i</sup> 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](http://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.