



Bourbonnais Main Office  
 315 Main Street NW  
 Bourbonnais, IL 60914  
 815.936.7600 • Fax 815.932.5559

Kankakee Downtown Office  
 333 East Court Street  
 Kankakee, IL 60901  
 815.932.5000 • Fax 815.932.5009

# Employment Application

## PERSONAL INFORMATION

Job Applied For:		Date:	
Name (Last, First, Middle Initial):			
Address:			
City:		State:	Zip:
Email:		Daytime Phone:	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No • If NO, can you submit a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## DESIRED EMPLOYMENT

What position or type of work are you seeking?	If hired, when will you be available to start?	Salary desired
Are you employed now?	If so may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to Peoples Bank before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Ever worked for Peoples Bank before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	What days and hours are you willing to work?	Can you work overtime if required?
Who referred you to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In <input type="checkbox"/> Other		

**EDUCATION**

SCHOOL LEVEL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
High School				
College				
Trade/Business/ Correspondence School				

**GENERAL**

Describe any job related specialized training, apprenticeship, skills and extra-curricular activities:

*(Please do not include any information that would reveal a protected class status)*

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List any job-related professional or technical organizations to which you belong:

*(Please do not include any information that would reveal a protected class status)*

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**EMPLOYERS**

Name of Present or Last Employer:		
Address:		
City:	State:	Zip:
Job Title:	Starting Date:	Leaving Date:
Name of Supervisor:	Title:	Phone:
Description of Work:		
Reason for leaving:		

Name of Previous Employer:		
Address:		
City:	State:	Zip:
Job Title:	Starting Date:	Leaving Date:
Name of Supervisor:	Title:	Phone:
Description of Work:		
Reason for leaving:		

Name of Previous Employer:		
Address:		
City:	State:	Zip:
Job Title:	Starting Date:	Leaving Date:
Name of Supervisor:	Title:	Phone:
Description of Work:		
Reason for leaving:		

