

**APPLICATION
FOR EMPLOYMENT**



ORRSTOWN BANK
A Tradition of Excellence

The Orrstown Bank is an equal opportunity employer dedicated to a policy of nondiscrimination in all areas of employment. In accordance with this policy all qualified applicants for employment will be considered without regard to race, color, creed, religion, sex, national origin, age, marital status, or the presence of a nonjob related medical condition or handicap. The information requested in this application is for the purpose of determining abilities and skills required for proper job placement. Filing an application does not assure employment.

Date of Application _____ Position(s) Applied For _____

I. GENERAL INFORMATION

Name (Print) _____
(LAST) (FIRST) (MIDDLE)

Street Address _____ Home Phone _____

Cell Phone _____

City, State, Zip _____ E-Mail _____

Are you legally authorized to work in the United States? Yes _____ No _____

Note: Federal law requires that you provide documents which verify your identity and your eligibility for employment in the U.S. As a condition of employment, you are required to provide such documentation and to sign a form establishing that you are lawfully able to work in the U.S.

Have you been employed here before? Yes _____ No _____ Date _____

Type of employment desired – Full-time _____ Part-time _____

Are you related to anyone working here? Yes _____ No _____

If yes, state name _____ and relationship _____

Are you? Under 18 _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

It is the policy of the Orrstown Bank to recruit and select applicants for employment without discrimination because of physical or mental handicap or because the applicant is a disabled veteran or a veteran of the Vietnam era in regard for any position for which the individual is qualified. Any applicant for employment who is a disabled veteran or who believes he or she has a handicap and would like to be considered under the Company's Affirmative Action Program should so inform the Human Resource Director. All such information will be kept confidential and will only be released as necessary.

If yes, describe in full, including date(s) _____

Have you ever been bonded? Yes _____ No _____ If yes, give date(s) and positions.

II. MILITARY SERVICE

Were you ever in the U.S. Armed Forces? Yes _____ No _____

If yes, please answer the following: Dates served _____

Branch of Service _____

Type of Discharge _____

Describe Service Experience if related to position(s) for which you are applying. _____

Reserve Status: Nonmember _____ Inactive _____ Active _____

III. EDUCATION

Name of Last High School Attended	City and State	Did you graduate?
_____	_____	_____

Name(s) of College(s) Attended	City and State	Did you graduate?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Degree(s), Licenses or Certificates Earned	Major Subject
_____	_____
_____	_____
_____	_____

What other education or training have you had? Describe the type of training, the source and the dates.

What job skills do you possess?

IV. WORK EXPERIENCE - Please complete in its entirety

Beginning with your present or last job, list below the four most recent positions you have held. If additional space is required, please continue on a separate sheet of paper.

1	Employer	DATES		Work Performed
		FROM	TO	
	Address			
	Job Title	HOURLY RATE/SALARY		
		STARTING	FINAL	
	Supervisor			
	Reason for Leaving			
2	Employer	DATES		Work Performed
		FROM	TO	
	Address			
	Job Title	HOURLY RATE/SALARY		
		STARTING	FINAL	
	Supervisor			
	Reason for Leaving			
3	Employer	DATES		Work Performed
		FROM	TO	
	Address			
	Job Title	HOURLY RATE/SALARY		
		STARTING	FINAL	
	Supervisor			
	Reason for Leaving			
4	Employer	DATES		Work Performed
		FROM	TO	
	Address			
	Job Title	HOURLY RATE/SALARY		
		STARTING	FINAL	
	Supervisor			
	Reason for Leaving			

V. REFERENCES

Please list below **three employment references** whom we may contact for the purpose of obtaining information relating to your previous employment, (or education or personal references, if not previously employed).

Name/Position	Organization	Address	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VI. AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby certify that all of the facts set forth in this application are true and correct. I also understand that any omission or misrepresentation of the facts requested on this form will be sufficient cause for dismissal, if I am employed.

I hereby give my authorization for release of all information, transcripts, and/or evaluations which may be required by Orrstown Bank. I understand that as part of the Bank's processing of applications, an investigative report may be made by a consumer reporting agency, which may include information as to my credit, character and personal background. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information.

I understand that an offer of employment will be subject to meeting Orrstown Bank's bonding, insurance and security criteria. This may include, for certain positions, a motor vehicle license check, and a physical examination with a drug/alcohol test.

In the event of employment:

- a. I understand that my continuation of employment is at will and can be terminated at any time, with or without cause, at the option of either the bank or myself.
- b. I also understand that acceptance of employment does not constitute an expressed or implied contract of continued employment at the bank.

If any other name(s) appear on your previous employment or school records, please indicate name(s) and date(s) of use: _____

Signature of Applicant Date

FOR COMPANY USE ONLY

Schedule Interview: Yes _____ No _____ Date _____

Comments: _____

Source Code: (W) Walk-in _____, (R) Referral _____, (N) Newspaper _____,
(A) Agency _____, (X) AAP Recruiting Efforts _____,
(O) Other _____.

Disposition Code: (A) Application Held _____, (N) Not Hired _____,
(H) Hired _____, (P) Pending _____,
(X) Offer Refused _____.

AFFIRMATIVE ACTION INFORMATION FORM

Employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Employer invites applicant to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name (please print): _____
(Last) (First) (M.I.)

Address: _____
(Street) (City) (State) (Zip Code)

Referred by: _____

Gender: ___ Female ___ Male Date: _____

ETHNICITY

Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race): ___ YES ___ NO
(If you answered YES, it is not necessary to complete the remainder of this form).

RACE (Please identify your race)

___ White (Not Hispanic or Latino; a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

___ Black or African-American (Not Hispanic or Latino; a person having origins in any of the black racial groups of Africa)

___ 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)

___ Asian (Not Hispanic or Latino; a person having origins in any of the 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)

___ 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 tribal affiliation or community attachment)

___ Two or More Races (Not Hispanic or Latino; all persons who identify with more than one of the above five races).