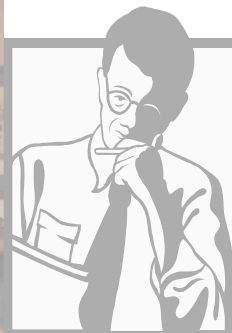
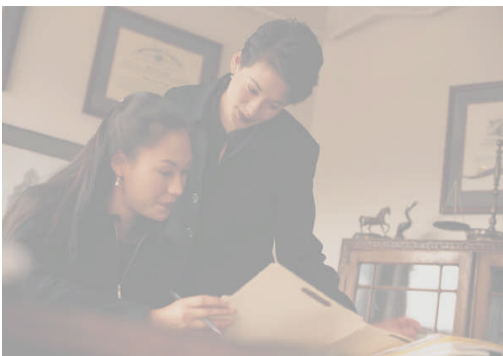




First Clover Leaf Bank™
We're Better Together.

EMPLOYMENT APPLICATION



We appreciate the opportunity to review your qualifications for employment with the company. So that we can thoroughly consider your special skills and abilities, we would appreciate your completion of our Employment Application. This application will only be valid for 30 days from the date of the application. If you wish to be considered for employment subsequent to that date, a new application must be completed. **Thank you.**



List professional trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex, or national origin.)

Give name, address and telephone number of three references who are not related to you and are not previous employers.

EDUCATION

	ELEMENTARY	HIGH	COLLEGE/UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				

State any honors received or any additional information you feel may be helpful to us in considering your employment: _____

Summarize special skills and qualifications acquired from employment or other experience.



EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

	DATES EMPLOYED	WORK PERFORMED
EMPLOYER	FROM TO	
ADDRESS		
PHONE		
JOB TITLE	HOURLY RATE/ SALARY	
SUPERVISOR	STARTING/FINAL	
REASON FOR LEAVING		
	DATES EMPLOYED	WORK PERFORMED
EMPLOYER	FROM TO	
ADDRESS		
PHONE		
JOB TITLE	HOURLY RATE/ SALARY	
SUPERVISOR	STARTING/FINAL	
REASON FOR LEAVING		
	DATES EMPLOYED	WORK PERFORMED
EMPLOYER	FROM TO	
ADDRESS		
PHONE		
JOB TITLE	HOURLY RATE/ SALARY	
SUPERVISOR	STARTING/FINAL	
REASON FOR LEAVING		



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment document shall result in termination when discovered. I authorize you to obtain an investigative consumer report and /or report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration on my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of wither the Company or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the President (or ranking officer), has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment if I am offered and I accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify and physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

My signature indicates that I have read and understand the above statements: _____

<u>FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE</u>	
Position Considered: _____	
Interviewed by: _____	
Date Interviewed: _____	Date Accepted for Employment: _____
Comments: _____	

First Clover Leaf Bank

VOLUNTARY APPLICANT DATA

First Clover Leaf Bank 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, First Clover Leaf Bank invites applicants to voluntarily self-identify their race/ethnicity and gender. 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.

Date: _____ Position applied for: _____

Name: _____

Referral Source: Advertisement (print) Employee Referral _____
Employment Agency Walk-in

Other _____

Internet (Specify Site) _____

EEO Survey

Government agencies require periodic reports on the sex and ethnicity of applicants and employees. This data will be used for analysis and reporting only. Choose one race/ethnic group. Submission of information is voluntary.

Sex _____ Male _____ Female

Race/Ethnic Group : _____ Hispanic or Latino _____ White _____ Black or African American
_____ Native Hawaiian or Other Pacific Islander _____ Asian
_____ American Indian or Alaska Native _____ Two or more races

Definitions

Hispanic or Latino — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of 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 original 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.