



GREENVILLE NATIONAL BANK

446 South Broadway
Greenville, OH 45331

Telephone 937-548-1114

Fax 937-548-0650

www.bankgnb.bank

Equal Opportunity Employer

Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, disability, age, sexual orientation, gender identity, genetic information, or protected veteran status. Applicants requiring reasonable accommodation during the application or interview process should notify the Human Resource Department.

Personal Information

Last Name	First	Middle	Date	
Address	City		State	Zip
Email Address	Mobile Number		Home Number	Other

Employment

Position(s) applied for	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other	Salary Desired
Are you employed now?	<input type="checkbox"/> Under Age 18	Date Available for Work
Referral Source (Employment Agency, Advertisement, Walk-In, Employee, Etc.)	Other name(s) used	Have you ever been employed by us? <input type="checkbox"/> Yes, When _____ <input type="checkbox"/> No
Are you lawfully authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been Bonded?	Have you ever committed a Felony?

Educational Background

School, City & State	Years Completed	Degree	GPA	Major/Minor

Are you planning to pursue further studies? If so, when and where _____

Former Employer(s) (Begin with most recent)

Employment Dates	Name of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				
From To				

References

Name	Company	Relationship to You	Years Known	Telephone Number

Employment History

Explain any gaps in your employment, other than those due to personal illness, injury, or disability, _____

Have you ever been fired or asked to resign from a job? If yes, please explain further, _____

Skills and Qualifications

Summarize any special skills or training including certifications you may have received which may assist in the position you are applying for:

Other Information

Job related organizations or profession trade groups you belong to _____

Special awards or accomplishments you have received _____

Volunteer work you have done or are now doing relevant to position applying for _____

Other job-related information you want to share with us _____

What is your greatest strength _____

What are your goals in five or ten years _____

Do you have a valid Driver's License Yes No

Has your Driver's License ever been revoked or suspended? Yes No Please explain _____

Background and Credit Authorization

I authorize Greenville National Bank to obtain information regarding my creditworthiness, character, general reputation, personal characteristics, mode of living and standing from any outside source that provides such information. I understand such information may be used by GNB in making a decision regarding my employment. A separate form will be required at a later date, if employment is offered in order to obtain the necessary Credit Report and Background Check.

I certify that the facts contained herein are true and complete to the best of my knowledge; however, if employed, falsified statements on this Application shall be grounds for dismissal.

Applicant's Signature	Date
-----------------------	------

Please return complete application by Mail, In Person, On-line or Email to:

Greenville National Bank
Attn: Human Resource Department
446 S. Broadway
Greenville, OH 45331

Email To: HR@bankgnb.bank



Applicant Voluntary Information Form

In order for us to meet federal record keeping 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 questionnaire, please do not hesitate to ask to speak to a representative of the Human Resources Department.

Full Name	Date	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer
Position Desired		Last 4 digits of SS number

Indicate how you learned about the position by checking one of the following:

- | | | |
|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Website |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Resume or Application | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School | | |

Ethnicity Origin (check one):

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 Prefer not to answer

Continue with question 5 ONLY if you answer “No” to question 4.

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, Southeast 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: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other pacific islands.
- American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition.
- Two or More Races: All persons who identify with more than one of the above five races.
- Prefer not to answer.

Signature	Date

INVITATION FOR INCLUSION UNDER AFFIRMATIVE ACTION PROGRAMS FOR PROTECTED VETERANS

Greenville National Bank is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistant Act (VEVRAA), which requires that Government contractors take affirmative action to employ and advance the employment of (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) 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 and used only in ways that are consistent with VEVRAA.

The classifications are defined as follows:

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 Veteran 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.

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.
- I decline to disclose my protected veteran status.

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 Department.

NAME

DATE

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____