

“EEO is the Law” Poster Supplement

Employers Holding Federal Contracts or Subcontracts Section Revisions

The Executive Order 11246 section is revised as follows:

RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits employment discrimination based on race, color, religion, sex, sexual orientation, gender identity, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

PAY SECRECY

Executive Order 11246, as amended, protects applicants and employees from discrimination based on inquiring about, disclosing, or discussing their compensation or the compensation of other applicants or employees.

The Individuals with Disabilities section is revised as follows:

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals with disabilities from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship to the employer. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

The Vietnam Era, Special Disabled Veterans section is revised as follows:

PROTECTED VETERANS

The Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and requires affirmative action to recruit, employ, and advance in employment, disabled veterans, recently separated veterans (i.e., within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, or Armed Forces service medal veterans.

Mandatory Supplement to EEOC P/E-1 (Revised 11/09) “EEO is the Law” Poster. If you believe that you have experienced discrimination contact OFCCP: 1-800-397-6251 | TTY 1-877-889-5627 | www.dol.gov.

Employment application/information



Home State Bank/N.A. considers applicants for all positions without regard to race, creed, color, religion, gender, national origin, age, disability, sexual orientation, marital status, citizenship status, veteran status or any other legally protected status.

Last name:		First name:		Middle initial:
E-mail address, if any:				
Current address:			Time at current address:	
City:	State:	Zip:	Telephone:	

Position interests:				
Position name:		Required Salary:		
Interested in Full Time or Part Time :		Are you willing to work weekends?	Overtime?	
Date available for employment: (mm/yyyy)	Will require Two (2) Weeks Notice <input type="checkbox"/>		Interested in Summer Help Only <input type="checkbox"/>	
Do you have any restrictions during the week? The bank is open Monday through Friday from 8:00 am until 6:00 pm and on Saturday from 8:00 am until 1:00 pm. If so, please list the days or times you are not available:				

Background Information:					
Have you ever been involuntarily terminated or asked to leave prior employment?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:					

Work experience: (List your 10 year employment history beginning with your present or most recent employer. You must include all Part-Time and Temporary work. You must complete this section even if attaching a resume. If you used a different name when working for any listed employer, please note the employer and name used.)				
Company name:			Telephone:	
Address:				
Type of Employer (describe type of business or industry):				
Dates of employment: From (mm/yyyy)		Until (mm/yyyy)		
Last position title:			Total time in last position:	Years/Months:
Primary duties:				
Immediate supervisor (include title):				
Reason for leaving:				
May we contact employer?	If no, please explain:			

Work experience continued:

Company name: _____ Telephone: _____

Address: _____

Type of Employer (describe type of business or industry): _____

Dates of employment: From (mm/yyyy) _____ Until (mm/yyyy) _____

Last position title: _____ Total time in last position: Years/Months: _____

Primary duties: _____

Immediate supervisor (include title): _____

Reason for leaving: _____

May we contact employer? _____ If no, please explain: _____

Company name: _____ Telephone: _____

Address: _____

Type of Employer (describe type of business or industry): _____

Dates of employment: From (mm/yyyy) _____ Until (mm/yyyy) _____

Last position title: _____ Total time in last position: Years/Months: _____

Primary duties: _____

Immediate supervisor (include title): _____

Reason for leaving: _____

May we contact employer? _____ If no, please explain: _____

Company name: _____ Telephone: _____

Address: _____

Type of Employer (describe type of business or industry): _____

Dates of employment: From (mm/yyyy) _____ Until (mm/yyyy) _____

Last position title: _____ Total time in last position: Years/Months: _____

Primary duties: _____

Immediate supervisor (include title): _____

Reason for leaving: _____

May we contact employer? _____ If no, please explain: _____

Educational data: (If degree was earned under a different name, please note name used. Please list high school attended, if you didn't obtain a higher degree.)

Education Level: _____ School (include campus location or city and state): _____

Degree Earned: _____ Major: _____

GPA overall (indicate scale) _____ Scale: _____

Education Level: _____ School (include campus location or city and state): _____

Degree Earned: _____ Major: _____

GPA overall (indicate scale) _____ Scale: _____

References: (Non-relatives)

Name: _____ Title: _____

Address: _____

Phone: _____ Years Known: _____ Nature of Relationship: _____

Name: _____ Title: _____

Address: _____

Phone: _____ Years Known: _____ Nature of Relationship: _____

Name: _____ Title: _____

Address: _____

Phone: _____ Years Known: _____ Nature of Relationship: _____

Extra-curricular:

Indicate participation in professional/technical trade organizations or extra-curricular activities which you think would be helpful to us in evaluating your qualifications. You may omit those activities which identify race, creed, color, religion, gender, national origin, age, disability, sexual orientation, marital status, political persuasion, union affiliation, citizenship status, veteran status, or any other legally protected status.

Professional Organization	Office Held (if applicable)
1.	
2.	
3.	

How were you referred to Home State Bank/N.A.?

Select One: Newspaper (List below) Customer Referral Employee Referral **
 Internet (List below) IDES Walk In

Employee/Customer/Agency Referral: _____ If Other (explain): _____

Please call 815-788-3488 if you need assistance completing the application.

Resume: (Please copy and paste your resume in the space provided below.)

General information:

1. Are you a U.S. citizen, Permanent Resident, Temporary Resident, Asylee or Refugee?

Yes No

- If no, do you have the legal right to work in the U.S.?

Yes No

- If yes, please explain:

2. Have you previously been employed by Home State Bank/N.A.?

Yes No

If yes, indicate employment dates and office location.

Home State Bank/N.A. is a company dedicated to the highest standards of excellence and service. If employed by Home State Bank/N.A., I understand that I will have to follow the policies of the company and do the work given to me in a manner consistent with these standards. I also understand that my job is not guaranteed for a set amount of hours a week and that because Home State Bank/N.A. takes pride in the quality of its service to its customers, there may be times when I will have to work overtime to finish an assignment properly.

If employed by Home State Bank/N.A., I agree to provide copies of college or university transcripts or equivalents. All of my answers on this form, my resume and any other documents that I provide to Home State Bank/N.A. are true and complete. If I have not answered the questions honestly and completely, I understand that I will be subject to immediate dismissal, even if the dishonest or incomplete answer is discovered after my employment begins. Employment with Home State Bank/N.A. is "at will," which means that either Home State Bank/N.A. or I may terminate my employment at any time for any reason.

Signature:

Date (mm/dd/yyyy):

WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Voluntary Applicant Data

Home State Bank/N.A. 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, Home State Bank/N.A. 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 at 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 interested in:

Name:

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.**

1. Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
2. Race/Ethnic Group:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Two or More Races	

Definitions

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.

White (Non Hispanic or Latino) – A person having origins in any of the original people 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.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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 disabilities¹. 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	• Autism	• Bipolar Disorder	• Post-traumatic stress disorder (PTSD)
• Deafness	• Cerebral palsy	• Major depression	• Obsessive compulsive disorder
• Cancer	• HIV/AIDS	• Multiple sclerosis (MS)	• Impairments requiring the use of a wheelchair
• Diabetes	• Schizophrenia	• Missing limbs or partially missing limbs	• Intellectual disability (previously called mental retardation)
• Epilepsy	• Muscular dystrophy		

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
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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.

¹ 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.

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.

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (Section 4212), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

Our affirmative action policy prohibits discrimination and requires us to take affirmative action to employ and advance in employment qualified protected veterans at all levels of employment. The below invitation is made pursuant to this policy.

Disclosure of this information is voluntary and refusing to provide it will not subject you to any adverse treatment. The information will be used only in ways that are consistent with Section 4212. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restriction on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Do you identify as one (or more) of the following protected veteran categories? Please check the appropriate box below:

Disabled veteran: (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

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

Active Duty Wartime or Campaign Badge Veteran: a veteran who served 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 laws administered by the Department of Defense.

I am a protected veteran.

I am not a protected veteran.

I prefer not to answer.

In addition to our affirmative action obligations, we value all forms of military service. If you are not a protected veteran as described above but would like to disclose your status as a member of the military, you may do so below. Are you currently serving, or have you served, in the Armed Forces of the United States of America (including the Reserves and National Guard)?

Yes.

No.

I prefer not to answer.