



# Employment Application

310 South Johnson St., Kahoka, MO 63445  
Phone: (660) 727-2941, Fax: (660) 727-2870  
[www.pbwbank.com](http://www.pbwbank.com)

Peoples Bank is an equal opportunity employer and full subscribes to the principles of equal opportunity. It is our policy to seek and employ the best qualified personnel in all positions without regard to race, religion, age, sex, disability, national origin or any other basis made unlawful by either state or federal law. It is our policy to comply with all federal and state employment statutes. Information requested on this application will not be used for any purpose prohibited by law.

## General Information

Position(s) Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

How did you hear about us?  Advertisement  Employment Agency  
 Relative  Friend  Inquiry  Other: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Desired Rate of Pay: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Availability:  Full Time  
 Part Time  
 Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if your job requires it?  Yes  No

## Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Best time to call you? \_\_\_\_\_

SSN: \_\_\_\_\_ Email: \_\_\_\_\_

## Applicant Information (continued)

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship and location \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ Yes \_\_\_\_\_ No

*Proof of citizenship or immigration status will be required upon employment.*

## Education

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
<b>High School:</b>				
<b>Undergraduate College:</b>				
<b>Graduate/ Professional:</b>				
<b>Other (Specify):</b>				

## Work Experience

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Salary (Start/End): \_\_\_\_\_ / \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


List professional, trade, business or civic activities and offices held.


**Additional Information**

**Other Qualifications**      *Summarize special job-related skills and qualifications acquired from employment or other experience.*


**Specialized Skills**      *(Skills/Equipment Operated)*


State any additional information you feel may be helpful to us in considering your application.


Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of activities involved in such a job or occupation has been given.       YES       NO

**References**

*Please list three personal or professional references.*

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by a authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date



Revised 9/30/2023