

Employment Applications must be submitted to the address listed below to be considered for employment.
 Applications submitted to our other branch offices will not be accepted and will not be considered for employment.
SUBMIT TO: PennCrest BANK, 1201 12th Street, PA 16601, ATTN: Human Resources, or HR@PennCrestBANK.com.



1201 Twelfth Street
 Altoona, PA 16601
 888-716-7587
 PennCrestBANK.com

EMPLOYMENT APPLICATION

PennCrest BANK does not discriminate in employment opportunities or practices on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, disability, genetic information, or protected veteran status.

Please type or print clearly in ink. Must be completed ENTIRELY to receive full consideration.

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER		

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS OR OTHER PHONE _____

PLEASE LIST ANY OTHER NAME(S) USED WHILE EMPLOYED _____
 (To be used for reference checking purposes only)

List previous addresses within the United States, except Military, if address has changed during the past seven years:

NUMBER AND STREET	CITY, STATE, AND ZIP CODE

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. However, I understand that if employed material omissions or false statements on this application shall be considered sufficient cause for dismissal or refusal to employ.

PennCrest BANK, at its own expense will arrange for a surety bond for each of its employees. All new employees may be fingerprinted with the cooperation of the FBI.

PennCrest BANK is hereby authorized to make any investigation of my personal history and financial and credit record, including investigation by credit agencies or bureaus of their choice. I understand that as part of PennCrest BANK's procedure for processing employment applications an investigation and a report may be made by a consumer reporting agency in the process of which information may be obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I have been acquainted.

I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by PennCrest BANK of the nature and scope of the investigation requested. If this application for employment is denied either wholly or partly because of information in a consumer report from a consumer reporting agency, I understand that PennCrest BANK shall so advise me and shall supply me with the name and address of the consumer reporting agency making the report.

In accordance with the Secure and Fair Enforcement for Mortgage Licensing Act (SAFE Act), candidates and/or employees defined as Mortgage Loan Originators must register with the Nationwide Mortgage Licensing System (NMLS). Registration requirements, as defined by the SAFE Act, will include criminal background checks and fingerprinting. I understand that my employment with C & G Savings Bank is contingent upon completion and confirmation of NMLS registration and maintenance of the same. I agree to comply with all of the NMLS registration requirements and I authorize and consent to criminal background checks and fingerprinting pursuant to the same.

I hereby certify that the facts set forth in this employment application are true and complete.

 APPLICANT'S SIGNATURE

 DATE

LAST NAME

FIRST

MIDDLE INITIAL

DATE

POSITION APPLIED FOR:

PERSONAL DATA	HAVE YOU EVER PLEAD GUILTY TO, PLEAD NOLO CONTENDRE, OR BEEN CONVICTED OF A CRIME WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain _____			
	HAVE YOU EVER AGREED TO A PRETRIAL DIVERSION OR PROGRAM ENTRY IN CONNECTION WITH A PROSECUTION OF A CRIMINAL OFFENSE INVOLVING DISHONESTY, BREACH OF TRUST OR MONEY LAUNDERING? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain _____			
	HAVE YOU EVER BEEN BONDED? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, on what jobs _____			
	WERE YOU PREVIOUSLY EMPLOYED BY PennCrest BANK? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, indicate details below)			
	Dates:	From _____ To _____	Department _____	Position _____
JOB INTEREST	POSITION APPLIED FOR: _____		GENERAL AREA OF OCCUPATIONAL INTEREST: _____	
	TYPE OF EMPLOYMENT: (Check as many as apply)		WILLING & AVAILABLE TO WORK: (Check as many as apply)	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours per week		<input type="checkbox"/> Daytime <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Peak Hours	
	RATE OF PAY EXPECTED: _____		DATE AVAILABLE FOR EMPLOYMENT: _____	
EDUCATION	TYPE OF SCHOOL	NAME AND ADDRESS	CIRCLE HIGHEST YEAR COMPLETED	DIPLOMA OR DEGREE MAJOR/MINOR
	HIGH SCHOOL		9 10 11 12	
	COLLEGE OR UNIVERSITY (INCLUDING GRADUATE SCHOOL)		1 2 3 4 5 6	
	BUSINESS, TRADE OR TECHNICAL			
	OTHER			
SKILLS	OFFICE SKILLS:			
	Typing WPM _____			
	Describe Computer Experience			
			List any other special knowledge or skills you have: (i.e., copier, fax)	

THIS SECTION MUST BE COMPLETED
A resume may SUPPLEMENT, but not REPLACE this information.

LIST CURRENT & PREVIOUS EMPLOYERS-MOST RECENT FIRST (List all Financial Institutions.)

EMPLOYMENT HISTORY

1	Employer's Name	Dates employed (MO. and Yr.)	Final Salary		
		From To			
	Address		Supervisor's name	Area Code Phone Number ()	
	City	State/Zip Code	Reason for leaving		
	JOB TITLE(S): <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time				
	DUTIES:				
	2	Employer's Name	Dates employed (MO. and Yr.)	Final Salary	
			From To		
		Address		Supervisor's name	Area Code Phone Number ()
		City	State/Zip Code	Reason for leaving	
		JOB TITLE(S): <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time			
		DUTIES:			
3		Employer's Name	Dates employed (MO. and Yr.)	Final Salary	
			From To		
		Address		Supervisor's name	Area Code Phone Number ()
		City	State/Zip Code	Reason for leaving	
		JOB TITLE(S): <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time			
		DUTIES:			
	4	Employer's Name	Dates employed (MO. and Yr.)	Final Salary	
			From To		
		Address		Supervisor's name	Area Code Phone Number ()
		City	State/Zip Code	Reason for leaving	
		JOB TITLE(S): <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time			
		DUTIES:			

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH SUPPLEMENTAL SHEET(S)

MILITARY SERVICE	HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, COMPLETE BELOW.			
	Dates of Duty		Branch	Rank at discharge	Duties (include special training)	
	To	From				
	To	From				
REFERENCES	LIST AT LEAST THREE REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS					
	Name	Street Address	City/State	Zip Code	Phone Number	Occupation
					Area Code ()	
					Area Code ()	
					Area Code ()	
				Area Code ()		
GENERAL	LIST MEMBERSHIPS, PROFESSIONAL AFFILIATIONS, EXTRACURRICULAR/RECREATIONAL ACTIVITIES AND ACCOMPLISHMENTS (Do not include information that reveals sex, race, disability, national origin, marital or veteran status, political or religious affiliation)					
OFFICE USE ONLY	FOR OFFICE USE ONLY					
	REFERRAL:			DEPARTMENT:		
	POSITION:			INTERVIEWED BY:		
	STARTING DATE:			OTHER:		
	TEST RESULTS					
	TESTS					
	VIDEOS					
OTHER						

Affirmative Action/EEO Information Form
Completion of this form is strictly voluntary and is confidential.

PennCrest BANK provides equal employment opportunity to all qualified applicants and employees by prohibiting discrimination against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, national origin, age, veteran status or disability.

This information will be used solely to assist us in complying with Federal and State Equal Employment Opportunity and Affirmative Action record keeping requirements. Refusal to provide this information will not adversely affect you.

PLEASE NOTE: This form is **NOT** a part of your official application for employment. This information will be recorded and maintained in a confidential file, separate from all other records.

Name	SSN/Employee ID:	Position	Date

Specific ethnicity, gender, disability and veteran status information is required to meet legal obligations as a federal contractor. Please check the appropriate category in which you most closely identify with by placing an “X” in the corresponding box.

NON-HISPANIC	
<input type="checkbox"/> WHITE (not Hispanic or Latino)	Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> BLACK OR AFRICAN-AMERICAN (not Hispanic or Latino)	Persons having origins in any of the black racial groups of Africa.
<input type="checkbox"/> ASIAN (not Hispanic or Latino)	
Chinese/Chinese-American: Persons having origins in any of the original peoples of China. Japanese/Japanese-American: Persons having origins in any of the original peoples of Japan. Filipino/Pilipino: Persons having origins in any of the original peoples of the Philippine Islands. Pakistani/East Indian: Persons having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan). Other Asian: Persons having origins in any of the original peoples of the Far East (including Korea, Malaysia, Cambodia, Thailand and Vietnam), and Southeast Asia.	
<input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE (not Hispanic or Latino)	Persons having origins in any of the original peoples of North and South America, (including Central American) and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino)	Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/> TWO OR MORE RACES/ETHNICITIES (Not Hispanic or Latino)	Persons who identify with more than one of the above races/ethnicities.
HISPANIC or LATINO	
<input type="checkbox"/> HISPANIC or LATINO (including Black individuals whose origins are Hispanic)	
Mexican/Mexican-American/Chicano: Persons of Mexican culture or origin, regardless of race. Latin-American/Latino: Persons of Latin American (e.g., Central American, South American, Cuban, Puerto Rican) culture or origin, regardless of race. Other Spanish/Spanish-American listed above: Persons of Spanish culture or origin, not included in any of the Hispanic categories listed above	
GENDER	
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	
CHOOSE TO NOT SELF-IDENTIFY	
<input type="checkbox"/> I choose not to self-identify.	

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), 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. These classifications are defined as follows:

Disabled Veteran	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 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.
Active Duty Wartime or Campaign Badge Veteran	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 laws administered by the Department of Defense.
Armed Forces Service Medal Veteran	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.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. **If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.**

<input type="checkbox"/>	I identify as one or more of the classification of protected veteran listed above
<input type="checkbox"/>	I am not a protected veteran
<input type="checkbox"/>	I choose not to self-identify my protected veteran status

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions 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.

You may return this completed form with your Employment Application to PennCrest BANK, 1201 12th Street, Altoona, PA 16601, ATTN: Human Resources, marked **Confidential**, or to HR@PennCrestBANK.com.

Name

Date

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 disabilities.¹ 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.

ⁱ 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.