

Harleysville Bank is an Equal Employment Opportunity (EEO) employer. Qualified applicants will receive consideration without discrimination based on race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, protected veteran or disabled status, or genetic information.

APPLICATION FOR EMPLOYMENT					
Last Name	First	Middle	Date		
Street Address			Home Telephone		
City, State, Zip			Cell Telephone		
1: 10 1	:41 0		F 1 11		
Have you ever applied for employment	with us?		E-mail address		
Yes No If yes, Month/Year	/Location				
Position Desired			Pay Expected		
			\$		
Apart from absence for religious observ	ance, are you avail	able to work full-	Will you work overtime if		
time? Yes No No			asked?		
If not, what hours can you work?			Yes No		
Are you legally eligible for employmen	t in the United Stat	es?	When will you be available to begin work?		
Have you even been convicted of any or	in a in the most ton	voore ovolvdino	_		
Have you ever been convicted of any cr misdemeanors and summary offenses, v			Have you ever been bonded?		
or sealed by a court?			Yes No		
Yes No If yes, describe in f	ull.		If yes, with what employers?		
Other special training or skills (languag	es, machine operati	ions, etc.)			

Education					
School	Name/Location	Course of Study	No. of years completed	Did you graduate?	Degree or Diploma
Graduate				Yes No	
College				Yes No	
Business/ Trade/ Technical				Yes No	
High School				Yes No	

Personal References - No family/relative or Harleysville Bank Employee references				
Name	Address	Phone Number	Occupation	
1.				
2.				
2				
3.				

Employment History	Please provide accurate, complete full-time and part- time employment record. Start with your present or most recent employer.		
1. Company Name	HR Dept. Phone Number		
Address	Employed – (State month and year) From: To:		
Job Title	Weekly Pay Start Last		
Describe Your Work	Reason for leaving		
2. Company Name	HR Dept. Phone Number		
Address	Employed – (State month and year) From: To:		
Job Title	Weekly Pay Start Last		
Describe Your Work	Reason for leaving		
3. Company Name	HR Dept. Phone Number		
Address	Employed – (State month and year) From: To:		
Job Title	Weekly Pay Start Last		
Describe Your Work	Reason for leaving		
4. Company Name	HR Dept. Phone Number		
Address	Employed – (State month and year) From: To:		
Job Title	Weekly Pay Start Last		
Describe Your Work	Reason for leaving		
We may contact the employers listed above unless you indicate those you do not want us to contact	Do Not Contact		
Do Not Contact Employer Number (s)	Reason(s)		

Describe any specialized training received relevant to the position for which you are applying.			
Applicant's Signature			
Please read and understand the statement before signing your application:			
The information I have provided in this Application of Employment is true, correct and complete or misrepresented information of any kind will be sufficient cause for my application or, if discovered after I am employed, cause for immediate termination of my employment.			
I authorize the employer to contact and obtain information about me from previous employers institutions, and "references" I provided, and any other party necessary to verify the accuracy of it disclosed in this application, a related employment resume or a personal interview. To assist in the of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all oth corporations or organizations who provide information for this purpose.	nformation I ne processing		
This application will expire in 30 days. After that date, unless otherwise notified, I understand as an applicant will end. I may re-apply for employment in the future by completing a new applicant.			
This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.			
I understand fully and accept all terms and conditions in the above statement.			
Date Signature			