



SOYCAPITAL

SOY CAPITAL BANK AND TRUST COMPANY



SOY CAPITAL  
AG SERVICES

J.L. Hubbard  
INSURANCE

A Soy Capital Company

and BONDS

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a soy capital company

## Employment Application

### Instructions:

- Submit a separate completed application for each position you are applying, along with a cover letter and resume.
- Complete all items. “See Resume” is not an acceptable response. Incomplete or unsigned applications may not be processed.
- Print and fax completed application, cover letter, or resume to 217-421-6549 or mail to HR Department/Soy Capital Bank and Trust Company, Inc., 1501 E. Eldorado, Decatur, IL 62521.



# Employment Application

Please Print

Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department, as equal access to employment opportunities is available to all individuals.

Position applying for \_\_\_\_\_ Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone # (\_\_\_\_) - \_\_\_\_\_ Other Phone # (\_\_\_\_) - \_\_\_\_\_ E-mail Address \_\_\_\_\_

Referral Source (Please check the appropriate category and name the source.)

- Walk-In \_\_\_\_\_  School \_\_\_\_\_
- Employee \_\_\_\_\_ (Name)  Job Fair \_\_\_\_\_
- Advertisement \_\_\_\_\_  Staffing Agency \_\_\_\_\_
- Employer's \_\_\_\_\_ Website  Government \_\_\_\_\_  
Employment Agency \_\_\_\_\_
- Other Website \_\_\_\_\_  Other \_\_\_\_\_

Best time to call you at home: \_\_\_\_\_ :  AM  PM

May we contact you at work? \_\_\_\_\_  Yes  No

If yes, list work number and best time to call:  
(\_\_\_\_) - \_\_\_\_\_ :  AM  PM

If you are under 18 and it is required, are you able to provide a work permit? \_\_\_\_\_  Yes  No

If no, state reason: \_\_\_\_\_

Have you applied here before? \_\_\_\_\_  Yes  No

If yes, provide date(s) and position(s): \_\_\_\_\_

Were you employed here previously? \_\_\_\_\_  Yes  No

If yes, provide dates: From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_  Yes  No

If hired, list date available for work \_\_\_\_\_

What is your preferred salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op (H.S.)  Seasonal  Temporary

Will you relocate if job requires it? \_\_\_\_\_  Yes  No

Will you travel if job requires it? \_\_\_\_\_  Yes  No

Are you able to meet the attendance requirements of this position? \_\_\_\_\_  Yes  No  N/A

If required, will you work overtime? \_\_\_\_\_  Yes  No

If no, please explain: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Unknown; need more information

Driver's license number required if driving is required in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? \_\_\_\_\_  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

This inquiry as to whether you have been convicted of a crime does not require you to disclose, verbally or in writing, any record of a conviction or arrest that has been expunged or sealed.

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?....  Yes  No

If yes, please explain: \_\_\_\_\_

## Employment Experience

Beginning with your most recent employer, please provide the following information as requested:

Employer	Telephone ( ) -	Dates employed: Month / Year to Month / Year
Street Address City State		<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for last position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>
Reason for leaving?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize primary job responsibilities.		Commission/Bonus/Other Compensation \$

What did you like most about the position?

What did you like least about the position?

Employer	Telephone ( ) -	Dates employed: Month / Year to Month / Year
Street Address City State		<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for last position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>
Reason for leaving?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize primary job responsibilities.		Commission/Bonus/Other Compensation \$

What did you like most about the position?

What did you like least about the position?

Employer	Telephone ( ) -	Dates employed: Month / Year to Month / Year
Street Address City State		<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for last position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b>
Reason for leaving?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize primary job responsibilities.		Commission/Bonus/Other Compensation \$

What did you like most about the position?

What did you like least about the position?

Employer	Telephone ( ) -	Dates employed: / to /
Street Address City State		<b>Compensation (Starting)</b>
Starting job title/final job title		Hourly Salary \$ per
Immediate supervisor and title (for last position held)	May we contact for reference? Yes No Later	<b>Compensation (Final)</b>
Reason for leaving?		Hourly Salary \$ per
Summarize primary job responsibilities.		Commission/Bonus/Other Compensation \$

What did you like most about the position?

What did you like least about the position?

## Employment Experience (continued)

Explain any gaps in your employment history, excluding those due to personal illness, injury or disability. \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged from employment or asked to resign? .....  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## Additional Skills or Qualifications

List/discuss any special training, licenses, certificates and/or skills that may assist you in performing the position for which you are applying:

\_\_\_\_\_

Computer Skills (Check all appropriate boxes. Include software titles and years of experience, if applicable.)

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_\_

Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

Presentation \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

E-mail \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

## Education

Beginning with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

List additional accomplishments, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

\_\_\_\_\_

Is there any additional job-related information you would like to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Supplemental Information

Please list any job-related organizations (professional, trade) to which you belong.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other protected status.

Organization	Offices Held

## Employment References

List three (3) people under which you have worked or trained who have knowledge of your work-related abilities.

(Do not include relatives.)

Name	Title	Relationship to You	Telephone	Number of Years Known
			( ) -	
			( ) -	
			( ) -	

## Applicant Confirmation and Agreement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I authorize the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions to verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that any information that is provided by me that is found to be false, incomplete or misrepresented in any aspect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary, and that no implied oral or written agreements contrary to the foregoing language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States, and that federal immigration laws require me to complete an I-9 Form for this purpose.

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, and local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

"EEO is the Law" federal poster can be accessed at [http://www1.eeoc.gov/employers/upload/eeoc\\_self\\_print\\_poster.pdf](http://www1.eeoc.gov/employers/upload/eeoc_self_print_poster.pdf)

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT CONFIRMATION AND AGREEMENT.**

I certify that I have read, fully understand and accept all terms of the aforementioned Applicant Confirmation and Agreement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**NOTICE TO APPLICANTS AND EMPLOYEES**  
Screening tests for illegal drug use may be required before hiring and during your employment here.



## Authorization to Obtain a Consumer Credit Report and Release of Information

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Soy Capital Bank and Trust Company, its subsidiaries, and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; employment history, including all personnel files; education; references; credit history and reports; criminal history, including reports from any criminal justice agency in any or all federal, state or county jurisdictions; motor vehicle records; and any other public records.

I, (print name) \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Soy Capital Bank and Trust Company, its subsidiaries, or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

If employed by Soy Capital Bank and Trust Company or any of its subsidiaries, I hereby authorize the Company and its designated agents to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report as warranted, and make whatever inquiries it considers appropriate to evaluate me for any promotion, reassignment or retention as an employee.

I hereby release Soy Capital Bank and Trust Company and its subsidiaries, agents, representatives or assigned agencies, officials including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Name (Please print clearly first name, middle initial, last name)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Maiden name (Please print clearly) if applicable

(A) \_\_\_\_\_  
Print all former names used

(B) \_\_\_\_\_  
Print all former names used

By signing below, I authorize the comprehensive review of my background as outlined in the text above, and certify that the information I have provided is true, complete and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Affirmative Action (Voluntary Information)

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. We also comply with all applicable laws governing employment practices, and do not discriminate on the basis of any unlawful criteria.

To comply with requirements regarding government recordkeeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. **Providing this information is strictly voluntary.** Not providing it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. The information will be used and kept confidential in accordance with applicable laws and regulations.

(Please Print)

Position applied for \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## General Applicant Information

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Male  Female

### Referral Source

- Walk-In  Other Website  Staffing Agency
- Employee  School  Government Employment Agency
- Employer's Website  Job Fair  Other \_\_\_\_\_
- Advertisement - Source: \_\_\_\_\_

## EEO Self-Identification

Please check the box that most closely applies to you (one box only):

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White** (Not Hispanic or Latino) - A person having origins in any of the original peoples 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 Phillipine 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 maintains tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino) - All persons who identify with more than one of the races above, excluding Hispanic or Latino.

## Veteran Status

(For government contractors with contracts entered into on or after December 1, 2003, in the amount of \$100,000 or more)

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, Armed Forces service medal veterans, recently separated veterans and other protected veterans. If you are a disabled veteran, Armed Forces service medal veteran, recently separated veteran or other protected veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. **Submission of the information is voluntary, and refusal to provide it will not subject you to any adverse treatment.** The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. 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 OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

Please check all boxes that apply to you:

- I am an 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.
- I am a 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.
- I am an other protected 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 laws administered by the Department of Defense.
- I would like to be included under the company's affirmative action program (if applicable) pertaining to Armed Forces service medal veterans, recently separated veterans and other protected veterans.** (Note that you may make this request at this time and/or any time in the future.)
- None of the above.**

## Disabled Veterans (APPLICANT: Only complete this section if the Company has checked "Yes" below)

**EMPLOYER** Please indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting disabled veterans.

- Yes.** The company invites its applicants to provide information (on a voluntary basis) regarding their status as a "disabled veteran" for inclusion in the company's affirmative action program.

Check this box **ONLY** if the company is actually undertaking affirmative action for disabled veterans at the application stage (pre-offer) or is otherwise authorized to collect this data to comply with federal, state, or local affirmative action obligations pertaining to disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

### APPLICANT

If the company has checked "Yes" above, you are invited to provide additional information regarding your status as a "disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "disabled veteran" as:

- 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 Veterans Affairs, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a disabled veteran, please indicate whether you would like to be included under the company's affirmative action program for disabled veterans. You may elect to be included at this time or any time in the future.

- Yes.** I would like to be included under the company's affirmative action program for disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)
- No.** At this time, I would not like to be included in the company's affirmative action program for disabled veterans.

If you are a disabled veteran, it would assist us if you could tell us about any special methods, skills and procedures that qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind.

Applicant's Signature: \_\_\_\_\_

To be filed separately from employment application.