



1201 12th Street
Altoona, PA 16601
888-716-7587

PennCrestBANK.com

Employment Applications must be submitted to the address listed below to be considered for employment. **SUBMIT TO:** PennCrest BANK, 1201 12th Street, Altoona PA 16601, ATTN: Human Resources, or HR@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 _____

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), and Regulation Z, candidates and/or employees defined as Mortgage Loan Originators (MLO) or Loan Originators (LO) must meet and comply with all applicable qualifications and standards, including registration with the Nationwide Mortgage Licensing System (NMLS). Qualification and registration requirements will include credit reports, criminal background checks, and fingerprinting. I understand that my employment with PennCrest BANK is contingent upon completion and confirmation of NMLS registration requirements and I authorize and consent to credit reports, 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



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| | | | | | |
|-----------|------------|----------------|------------------------|--|--|
| 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 |
|-------------------|---------------------------|
| | |
| | |

| | |
|----------------------|---|
| 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: _____ | |
| | 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 | <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: _____ | |

LAST NAME

FIRST

MIDDLE INITIAL

DATE

POSITION APPLIED FOR:

| | | | | |
|------------------------------|--|-------------------------|--------------------------------------|--|
| 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 | Summarize any special training, skills, licenses and/or certificates relevant to the position for which you are applying. | | | |
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| | | | | |
| 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 | | | | |
| GENERAL | LIST ANY PROFESSIONAL, TRADE, BUSINESS OR CIVIC ORGANIZATIONS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING (Do not include information that reveals sex, race, disability, national origin, marital or veteran status, political or religious affiliation) | | | |
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| | | | | |

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

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

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: | | | | | | |
| | | | | | | |
| | | | | | | |

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

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

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

| | | | | |
|---------------|-----------------|---|---|---|
| 5 | Employer's Name | Dates employed (MO. and Yr.) From To | Final Salary | |
| | 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: | | | |
| | | | | |
| | | | | |
| | | | | |
| | 6 | Employer's Name | Dates employed (MO. and Yr.) From To | Final Salary |
| | | 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: | | | | |
| | | | | |
| | | | | |
| | | | | |

LIST AT LEAST THREE REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS

| REFERENCES | Name | Street Address | City/State | Zip Code | Phone Number | Occupation |
|-------------------|------|----------------|------------|----------|------------------|------------|
| | | | | | Area Code () | |
| | | | | | Area Code () | |
| | | | | | Area Code () | |
| | | | | | Area Code () | |
| | | | | | Area Code () | |

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 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
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____