

**APPLICATION
FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

Interviewed Not Interviewed

DATE: _____

We are an equal opportunity employer and do not unlawfully discriminate in employment with regard to age, gender, gender identity, sexual orientation, race, color, religion, national origin, disability, veteran, marital status, or sex, other legally protected status, and to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds. As an employer and federal contractor, we comply with government regulations and affirmative action responsibilities. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PERSONAL INFORMATION

FULL NAME (Last Name First)				SOCIAL SECURITY NUMBER	
STREET ADDRESS			CITY		STATE
LENGTH OF TIME AT THIS ADDRESS			HOME TELEPHONE #	CELL #	DAYTIME #
FORMER ADDRESS IF ABOVE ADDRESS IS LESS THAN 3 YEARS			CITY	STATE	ZIP CODE
ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO				DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF EMPLOYMENT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		SALARY REQUIREMENTS		WHAT DAYS AND HOURS IF PART-TIME? DAYS: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN HOURS: FROM: _____ TO: _____	

EDUCATION

NAME	ADDRESS, CITY, STATE, ZIP	CIRCLE YEARS COMPLETED	MAJOR OR TYPE OF COURSE	UNDER WHAT NAME IF DIFFERENT
HIGH SCHOOL OR PREPARATORY SCHOOL		1 2 3 4		
TRADE OR BUSINESS SCHOOL		1 2 3 4		
COLLEGE OR UNIVERSITY		1 2 3 4		
GRADUATE SCHOOL		1 2 3 4		

LIST DEGREES OR ANY BANKING, FINANCE AND ACCOUNTING COURSES TAKEN:

BACKGROUND INFORMATION

HAVE YOU EVER FILED AN APPLICATION FOR EMPLOYMENT WITH US OR BEEN EMPLOYED BY US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN? _____	HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER HAD A BOND REFUSED OR CANCELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN? _____
HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR 'NO CONTEST' TO A FELONY? (Conviction of a felony may not automatically disqualify an applicant for employment)				
<input type="checkbox"/> YES <input type="checkbox"/> NO	COURT DATE: _____	NATURE OF OFFENSE _____		
LOCATION: _____				
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHY DO YOU DESIRE TO MAKE A CHANGE? _____	MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN? _____	

GENERAL INFORMATION

LIST JOB RELATED SKILLS, SPECIAL TRAINING, CERTIFICATES, LICENSES, SOFTWARE, COMPUTER/OTHER MACHINE SKILLS RELEVANT TO THIS POSITION:

SUMMARIZE YOUR QUALIFICATIONS AND YOUR BACKGROUND AS THEY SUPPORT YOUR APPLICATION FOR THIS POSITION. (You may wish to include special interests, civic/community activities, and/or membership in professional groups.):

PERSONAL REFERENCES

PROVIDE THREE REFERENCES NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

NAME	ADDRESS, CITY, STATE, ZIP	TELEPHONE	YEARS KNOWN	OCCUPATION

WHO REFERRED YOU TO US? Employment Agency Newspaper Walk-In Current Employee (Name) _____ Other _____

TO BE COMPLETED BY THE EMPLOYER:

Date of Employment _____ Job Title _____ Salary _____
 FULL-TIME PART-TIME Department _____ Location _____

WORK RECORD

Starting with present or most recent employment, list -all previous employers. Include self-employment, U.S. Armed Forces experience, summer, part-time jobs and all periods of unemployment of two weeks or more duration. Attach resume or separate sheet, if necessary.

COMPANY		STREET ADDRESS		CITY / STATE / ZIP
DATES EMPLOYED FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING
JOB TITLE / DUTIES				NAME OF SUPERVISOR
				TELEPHONE NUMBER
COMPANY		STREET ADDRESS		CITY / STATE / ZIP
DATES EMPLOYED FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING
JOB TITLE / DUTIES				NAME OF SUPERVISOR
				TELEPHONE NUMBER
COMPANY		STREET ADDRESS		CITY / STATE / ZIP
DATES EMPLOYED FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING
JOB TITLE / DUTIES				NAME OF SUPERVISOR
				TELEPHONE NUMBER
COMPANY		STREET ADDRESS		CITY / STATE / ZIP
DATES EMPLOYED FROM (MO/YR)	TO (MO/YR)	STARTING SALARY	LEAVING SALARY	REASON FOR LEAVING
JOB TITLE / DUTIES				NAME OF SUPERVISOR
				TELEPHONE NUMBER

JOB APPLICANT'S CERTIFICATION
Please Read Carefully Before Signing

I certify that the information given by me in this application (and accompanying resume, if any) is true in all respects and I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of employment or discharge if discovered at a later date. I authorize the use of any information in this application to verify my statements. In addition, I authorize previous employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as the financial institution may make regarding driving records, law enforcement records, credit reports and my general background, and will agree to be fingerprinted, if necessary.

I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying. I understand that nothing contained in this employment application or in the granting of an interview or of a position of employment is intended to create an employment contract between the financial institution and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no promise or guarantee of employment for any specific length of time or under any specified circumstances shall be binding upon the financial institution unless made in writing by or with the express written consent and authorization of the President of the financial institution. If an employment relationship is established, I understand that I will be employed at-will and that I have the right to terminate my employment at any time and for any reason and that the financial institution retains the same right.

I understand that, depending on the position applied for, prior to being offered employment with the financial institution I may be requested to take an examination pertaining to skills or equipment operation. In the event I have a disability which will affect my ability to take the test, I will so inform the financial institution prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The financial institution reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if I am employed, I will comply with the policies and rules which are issued by the financial institution. I also understand that the policies and rules are not a condition of employment and that they may be unilaterally revised, in whole or in part, at any time. Furthermore, should periodic drug testing be required, I consent to undergo such testing. Refusal to do so could result in my termination.

IMPORTANT: IF YOU DO NOT UNDERSTAND OR IF YOU DISAGREE with ANY PORTION OF THE ABOVE CERTIFICATION, DO NOT SIGN BEFORE DISCUSSING WITH A MEMBER OF MANAGEMENT.

Date: _____

Signature of Applicant: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

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

Name:
Employee ID:

Date:

(if applicable)

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:

**INVITATION FOR SELF-IDENTIFICATION
(AFFIRMATIVE ACTION SURVEY)**

It is the policy of (company name), Inc. to provide equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job without regard to age, gender, gender identity, sexual orientation, race, color, religion, national origin, disability, veteran, marital status, or sex, other legally protected status, and to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds. As an employer and federal contractor, we comply with government regulations and affirmative action responsibilities.

In order to help us comply with government record keeping, reporting and other legal requirements, we request that you complete this affirmative action survey. The completion of this form is voluntary. This data is for periodic government reporting and will be kept in a Confidential File separate from the Employee file.

Government Agencies require periodic reports on the gender and ethnicity of applicants. This data is for analysis and affirmative action only. This information is voluntary and will be treated confidentially. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

Name(Printed): _____ Male _____ Female _____

Department: _____ Date: _____

Check one of the following:

- Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South 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 America.
- African American or Black** (Not Hispanic or Latino). A person with origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino). A person with origins in the any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino). A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, China, Japan, Korea, the Philippines, Cambodia, Malaysia, Pakistan, Thailand and Vietnam.
- American Indian/Alaskan Native** (Not Hispanic or Latino). A person with origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.
- Two or More Races** (Not Hispanic or Latino). All persons who identify with more than one of the above five

Veteran Status Pre & Post-Offer Solicitation

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**
- (4) Armed Forces service medal Veterans**

These classifications are defined as follows:

- A "disabled Veteran" is one of the following:
 - 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.
- A "recently separated Veteran" means 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.
- An "active duty wartime or campaign badge Veteran" means 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.
- An "Armed Forces service medal Veteran" means 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.

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.

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

- I identify as one or more of the classifications of protected Veterans listed above
- I am not a protected Veteran
- I decline to disclose my Veteran status