

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



PLEASE READ BEFORE COMPLETING THIS APPLICATION

The Bank does not discriminate in hiring or employment on the basis of race, color, religious creed, disability, national origin, sex or ancestry or on the basis of age against person over age forty.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

The Bank, at its own expense, arranges for a surety bond for each of its employees. Unless the applicant's background is acceptable to a surety company (not relative to race, color, religious creed, national origin or ancestry), it will be difficult to secure this bond and the Bank may be unable to offer employment.

I hereby acknowledge that I have read the foregoing disclosure and understand the same.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer every question. Use INK.  
PRINT

\_\_\_\_\_  
FIRST MIDDLE LAST DATE

Address \_\_\_\_\_  
NUMBER STREET TELEPHONE NUMBER

\_\_\_\_\_  
CITY STATE ZIP CODE LENGTH OF TIME AT THIS ADDRESS SOCIAL SECURITY NO.

List previous addresses within the United States, except Military, if address changed during the past 2 years.

\_\_\_\_\_  
NO. STREET CITY STATE FROM (DATE) TO

\_\_\_\_\_  
NO. STREET CITY STATE FROM (DATE) TO

\_\_\_\_\_  
NO. STREET CITY STATE FROM (DATE) TO

Type of work desired \_\_\_\_\_ Salary requirements \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Date available for work \_\_\_\_\_

Are you over 16 years of age?  Yes  No

Are you a United States citizen or legally eligible for employment in the United States?  Yes  No

# EDUCATION

NAME	ADDRESS	CITY	STATE	Major Course or Subject	Circle last year completed	Degree
HIGH SCHOOL OR PREPARATORY					1 2 3 4	
BUSINESS SCHOOL					1 2 3 4	
COLLEGE					1 2 3 4	
GRADUATE WORK					1 2 3 4	

List scholastic honors, offices held, and activities in high school:

(Omit any that would indicate sex, race, ancestry, national origin, or religion)

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List scholastic honors, offices held, and activities in college:

(Omit any that would indicate sex, race, ancestry, national origin, or religion)

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If you did not graduate, why did you leave school or college? \_\_\_\_\_

Are you planning to pursue further studies?      Yes      No      Day School      Night School

If so, when, where, and what courses: \_\_\_\_\_

## GENERAL INFORMATION

Use the space below to describe your interests, skills, and aptitudes that you feel qualify you for a position in the Bank.

If you need more space, please continue on back page.

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Have you ever applied here before?       Yes       No

# EMPLOYMENT RECORD

Starting with PRESENT or MOST RECENT, list all previous employers. List only employers located within the United States.

Include self-employment, summer and part-time jobs.

Name and Address of Former Employer	Dates Employed		Position, Duties, & Supervisor	Salary		Reason for Leaving
	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
COMPANY NAME	➔					
NUMBER & STREET						
CITY & STATE						
ZIP						
COMPANY NAME	➔					
NUMBER & STREET						
CITY & STATE						
ZIP						
COMPANY NAME	➔					
NUMBER & STREET						
CITY & STATE						
ZIP						
COMPANY NAME	➔					
NUMBER & STREET						
CITY & STATE						
ZIP						

If you need more space, please continue on back page.

If presently employed, why do you desire to change your position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are now employed, may we contact your present employer?  Yes  No

Have you ever been convicted of a felony?  Yes  No (A conviction record will not necessarily be a bar to employment and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

If yes, give date and nature of offence and disposition of the case: \_\_\_\_\_

Name the machines you can operate: \_\_\_\_\_

Do you have any interest in an outside business or expect to work after hours \_\_\_\_\_

If so, give particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask an employment interviewer before signing.

**PERSONAL REFERENCES**

(Not former employers or relatives)

Name

Address

Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOB APPLICANT'S AGREEMENT AND CERTIFICATION**

I authorize the investigation of all matters contained in this application and hereby give the company permission to contact schools, references, previous employers (unless otherwise indicated), and others, and hereby release the company from any liability as a result of such contact. I understand that any misrepresentation or omission of important facts and relevant information called for is just cause for dismissal at any time without previous notice. I further understand that my first **90** days of employment with this company shall be a trial period, and further that at any time during the trial period and thereafter, my "at will" employment relationship with the company is terminable for any reason by either party. If employed, I understand that the company may unilaterally change or revise fringe benefits, policies and procedures and such changes may include reduction in benefits. I understand that my employment is contingent upon meeting the requirements of the Immigration Reform and Control Act of 1986. If no action is taken on this application within 365 days of signature, it will be destroyed.

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



In processing this employment application, the Bank may request that an investigative consumer report be prepared, which may include information as to your character, general reputation, police record, personal characteristics and mode of living. You have the right to request that the Bank completely accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resource Department of the Bank within a reasonable time after you complete this application.

I hereby acknowledge that I have read and understand the foregoing disclosure.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Date: \_\_\_\_\_

**Dear Applicant:**

First Century Bank is an equal employment opportunity employer. Our commitment is to recruit and hire the best qualified person available in all job classifications without regard to race, color, sex, religion, age, national origin, disability, or handicap, veteran status or any other characteristic protected by Title VII of the 1964 Civil Rights Act. As an applicant we are asking you to help us by voluntarily providing the information below. The information contained will be held in confidence and will be filled and recorded separately from your application.

Thank you for assisting us and applying at First Century Bank.

Answering the questions below is voluntary; however, your cooperation is essential for us to ensure equal employment opportunity for all applicants.

**1. Sex (please check one)**

Male \_\_\_ Female \_\_\_

**2. Date of Birth**

Month \_\_\_ Day \_\_\_ Year \_\_\_

**3. Race (please check one)**

\_\_\_ **Caucasian**

a person having origins in any of the original people of Europe, North Africa, or the Middle East

\_\_\_ **African American**

a person having origins in one of the Black racial groups of Africa

\_\_\_ **Hispanic**

a person having origins in Mexico, Puerto Rico, Cuba, Central America, South America, or other Spanish culture regardless of race.

\_\_\_ **American Indian/Alaskan native:**

a person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.

\_\_\_ **Asian/Pacific Islander:**

a person having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or any of the Pacific Islands.

**4. Position for which you are applying** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0055  
Expires 1/31/2017  
Page 1 of 2

### 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. 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 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 PROTECTED VETERAN STATUS**

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. If you are a disabled veteran, recently separated veteran, other protected veteran, or Armed Forces service medal 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. The 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.

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 in order 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 VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

DECLINE TO SELF-IDENTIFY

You may inform us of your desire to benefit under the program at this time and/or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

If you are a disabled veteran it would assist us if you tell us about any special methods, skills, and procedures which 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. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

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.

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Your Name

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Today's Date