



# FIRST BANK

The **one** who's here.

## APPLICATION FOR EMPLOYMENT

***We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, gender identity, disability status, protected veteran status, or any other characteristic protected by law.***

**(Please Print)**

Position(s) applied for	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-in

Last Name	First Name	Middle Initial
Address	City, State	Zip Code
Telephone Number (s)	Email address	Social Security Number

If under 18 years of age, can you provide proof of eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date(s): \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full-time  Part-time  Shift work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever been convicted of a felony?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

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

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**EDUCATION**

	Name & Address Of School	Course of Study	Years Completed	Diploma/Degree
Elementary				
High School				
Undergraduate				
Graduate/ Professional				
Other (specify)				

**Indicate any foreign languages you can speak, read and/or write:**

	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

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Describe any job-related training received in the United States military.

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. (If you need additional space, please continue on a separate sheet of paper).

Employer	Dates Employed:	Job Title/Work Performed:
Address	From To	
Telephone Number(s)	Hourly Rate/Salary:	
Supervisor	Starting Final	
Reason for leaving		

Employer	Dates Employed:	Job Title/Work Performed:
Address	From To	
Telephone Number(s)	Hourly Rate/Salary:	
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Address	From To	
Telephone Number(s)	Hourly Rate/Salary:	
Supervisor	Starting Final	
Reason for leaving		

List Professional, Trade, business or civic activities and offices held.

*You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

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**Additional Information**

**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**Specialized Skills (Check skills/equipment operated)**

<input type="checkbox"/> Fax	<input type="checkbox"/> Windows	Production/Mobile	Other (list):
<input type="checkbox"/> E-mail	<input type="checkbox"/> Microsoft Excel	Machinery (list):	
<input type="checkbox"/> Calculator	<input type="checkbox"/> Microsoft Word	_____	_____
<input type="checkbox"/> Typewriter		_____	_____

State any additional information you feel may be helpful to us in considering your application.

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*Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.*

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes

No

**REFERENCES**

1. Name:	Phone # ( )
Address:	
2. Name:	Phone # ( )
Address:	
3. Name	Phone #( )
Address:	

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Remarks: _____			
Interviewer		Date	
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of employment: _____
Job Title: _____	Department: _____	Hourly Rate/Salary: _____	
By: _____			
Name and Title		Date	

**NOTES** \_\_\_\_\_

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## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you 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 an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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: \_\_\_\_\_



## Voluntary Self-Identification of Ethnicity, Race & Veteran Status

It is the policy of First Bank to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or veteran status, or status within any other protected group. The purpose of this self-identification form is to comply with federal government recordkeeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of your employment. Completion of this form is voluntary. We appreciate your assistance.

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

Employee/applicant name: \_\_\_\_\_

Position Title: \_\_\_\_\_

### Voluntary Self-Identification of Ethnicity, Race & Gender

**Race/ethnicity:** (Please select one)

**Ethnicity:**  Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race;

**Race:**  White (not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East;

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 Philippine Islands, Thailand, and Vietnam;

American Indian or Alaskan 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 recognition;

Two or More Races (not Hispanic or Latino) – All persons who identify with more than one of the above five races.



**Sex/gender:**  Male  Female

**Veteran Status:**

- Disabled veteran
- Recently separated veteran
- Active campaign badge veteran
- Armed Forces service medal veteran
- I am not a protected veteran
  
- I do not wish to self-identify

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

April 2021