



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.

Position(s) Applied For: _____ **Date Of Application:** _____

How did you learn about us?

- Advertisement
- Employment Agency
- Social Media
- Friend
- Relative
- Walk-In
- Other: _____

First Name _____ Last Name _____ Middle Initial _____
 Address _____ City/State _____ Zip Code _____
 Telephone Number(s) _____ Email _____ Social Security # _____

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(s): _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed Yes No

In this country because of Visa or Immigration status?
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 a "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: _____

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
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.

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

EMPLOYMENT EXPERIENCE

Employer # 1

Employer Name _____

Dates Employed _____ Job Title/Work Performed _____

Address _____ Supervisor _____ Employer Number _____

Reason For Leaving _____

Employer # 2

Employer Name _____

Dates Employed _____ Job Title/Work Performed _____

Address _____ Supervisor _____ Employer Number _____

Reason For Leaving _____

Employer # 3

Employer Name _____

Dates Employed _____ Job Title/Work Performed _____

Address _____ Supervisor _____ Employer Number _____

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.

Additional Information

Other Qualifications

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

Specialized Skills

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

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 able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation?
A description of the position's essential functions is available upon request. If you would like to review the job description before responding, please request a copy from the hiring manager or HR representative.

Yes No

REFERENCES

Reference 1

Name: _____ Address: _____

Phone # : _____ Relationship: _____

Reference 2

Name: _____ Address: _____

Phone # : _____ Relationship: _____

Reference 3

Name: _____ Address: _____

Phone # : _____ Relationship: _____

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.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks:

Interviewer _____ Date _____

Employed Yes No Date of Employment: _____

Job Title: _____ Department: _____ Hourly Rate/Salary: _____

Name and Title _____ Date _____

NOTES

Form CC-305 OMB Control Number 150-0005

Voluntary Self-Identification of Disability

Name: _____ Date: _____

Employee ID: _____
(if applicable)**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.

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:

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

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

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 of 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 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 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
- LGBTQ+
- Non- LGBTQ+
- Transgender
- Gender Nonbinary
- Gender- Nonconforming
- Other Sexual Orientation and/or Gender Identity
Print sexual orientation and/or gender identity

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 _____ Date _____