

Application for Employment

Please sign and date in all designated areas.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Name _____
Last Name First Name Middle Name

Address _____
Street City State ZIP Code

Telephone # _____ Cellular/Other Phone # _____ E-mail Address _____

Position applied for _____ Date of application _____

Why do you want to work at The Bank?

Referral Source (Please select the appropriate category and list the source.)

- | | |
|---|--|
| <input type="radio"/> Walk-in _____ | <input type="radio"/> School _____ |
| <input type="radio"/> Employee _____ | <input type="radio"/> Job Fair _____ |
| <input type="radio"/> Advertisement _____ | <input type="radio"/> Staffing Agency _____ |
| <input type="radio"/> Company's Website _____ | <input type="radio"/> Government Employment Agency _____ |
| <input type="radio"/> Other Internet _____ | <input type="radio"/> Other _____ |

If necessary, the best time to call you is _____
(HH:MM AM/PM)

- Home Cellular/Other

May we contact you at work? Yes No

If yes, work number and best time to call:

_____ (HH:MM AM/PM)
Work Number

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain:

Have you submitted an application here before? Yes No

If **yes**, give date(s) and position(s):

Have you ever been employed here before? Yes No

If yes, give dates: _____
From To

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work _____

What is your desired salary range or hourly rate of pay?
\$ _____ per _____

Type of employment desired:
(full-time, part-time, seasonal, temporary, etc.) _____

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain:

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond.

Driver's license number required if driving may be required in the Job for which you are applying:

_____ License Number _____ State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, please provide date(s) and details:

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might in any way, restrict your ability to work for our company?

Yes No

If yes, please give date(s) and position(s):

Employment History

Starting with your most recent employer, provide the following information.

Employer _____ Telephone # _____

Address _____
Street City State ZIP Code

Starting job title / Ending job title

Immediate supervisor and title (for most recent position held)

May we contact for reference?

Yes No Later

E-mail: _____

Dates employed:

_____ to _____

Compensation (starting)

\$ _____ per _____

Compensation (final)

\$ _____ per _____

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

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Address _____
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What were the things you liked least about the position?

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not addressed on previous pages, have you ever been fired or asked to resign from a job?

Yes No

If **yes**, please explain:

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may aid you in performing the position for which you are applying:

Computer skills (Check appropriate boxes. Indicate software titles and years of experience.)

- | | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> Word Processing _____ | Years: _____ | <input type="checkbox"/> Internet _____ | Years: _____ |
| <input type="checkbox"/> Spreadsheet _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |
| <input type="checkbox"/> Presentation _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |
| <input type="checkbox"/> E-mail _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |

Educational Background

Starting with your most recent school attended, provide the following information. Additionally, include the high school you attended.

School (Include city and state)	Completed		Major/Minor
	Years Completed	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	
	GPA Class Rank		

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	E-mail	# of Years Known

Social Security Number

SSN _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Contacts

Do you know anyone working at any of the Bank locations?

Name	Location

Related Information

To what job related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran status, sexual orientation, gender identity or other similarly protected status.

Organization	Offices Held

List any special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran status, sexual orientation, gender identity or any other similarly protected status.

Is there any other job-related information you want us to know about you?

Notice to Applicants and Employees
Screening tests for illegal drug use
may be required before hiring and
during your employment here.

APPLICANT STATEMENT

1. My signature also authorizes The First National Bank of Dennison or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify The First National Bank of Dennison, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation any liability for furnishing information or for taking any action based on the information provided.

I also authorize The First National Bank of Dennison to investigate my financial and credit record through any investigative or credit agency of its choice. I understand that The First National Bank of Dennison may obtain or prepare an investigative consumer report in connection with my application for employment. This report may include information about my character, general reputation, and personal characteristics. I understand that I may make a written request for disclosure of the nature and scope of any such investigation, if one is made.

2. I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by The First National Bank of Dennison, will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.

3. I understand that a drug and/or alcohol screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug and/or alcohol screen, by an examiner selected by The First National Bank of Dennison if I am made a contingent offer of employment. I release and agree to indemnify The First National Bank of Dennison, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any medical examination or drug/alcohol screen or for the taking of any action based on the results of any medical examination or drug/alcohol screen.

4. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.

5. I understand and agree if I am employed by The First National Bank of Dennison, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, The First National Bank of Dennison can terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in The First National Bank of Dennison's employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and The First National Bank of Dennison for employment, hours of work, or for the providing benefits. Moreover, I acknowledge that The First National Bank of Dennison reserves the right to modify, revoke, suspend, terminate or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, hours of work, or for the providing of benefits have been made to me and I understand and agree that no such promise or guarantee is binding on The First National Bank of Dennison unless they are expressed promises, made in writing, and signed by the President of The First National Bank of Dennison.

Applicant's Signature

Date

APPLICANT DATA RECORD

Applicants and Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status.

We comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT

Date _____

Position Applied For _____

Name _____ (_____) Phone _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

Referral Source:

- Advertisement Friend Relative
 Employment Agency Walk In Other _____

CONFIDENTIAL INFORMATION VOLUNTARY SURVEY

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation.

Check One:

- Male Female

Check one of the following Race/Ethnic Groups:

- Hispanic or Latino Other

If other, check one of the following Race/Ethnic Groups:

- White Black or African American
 Asian Two or more Races
 Native American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander

If Native American Indian, check if any of the following are applicable:

- Formal member of a particular tribe

- Have a membership card issued by the tribe
- Have a Certificate of Degree of Indian Blood issued by the Bureau of Indian Affairs
- Are considered an American Indian in your community
- Used American Indian School or hospital

I am a Protected Veteran

Yes

No

Definitions – Protected Veteran is one of the following:

1. A Disabled Veteran means (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
2. 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 (61 Fed. Reg. 1209) at <http://www.opm.gov/veterans/html/vgmedal2.asp>.
3. 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.
4. 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. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A replica of that list is enclosed with the annual VETS-100A mailing. A copy of the list also may be obtained by sending an email to helpdesk@vets100.com or by calling (301) 306-6752 and requesting that a copy be mailed to you.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires

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.¹ 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 an 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 Disability

Form CC-305
OMB Control Number 1250-0005
Expires

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.