



# Application for Employment

Community First National Bank is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, age, color, religion, national origin, veteran status, disability or any other characteristic protected by law. Please let us know if you need accommodations in order to participate in the application process.

*PLEASE PRINT*

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

Street Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you seeking: ☐ Full-time ☐ Part-time Salary Expectations: \_\_\_\_\_

Have you applied at Community First National Bank previously? ☐ Yes ☐ No

If yes, please provide the date: \_\_\_\_\_

Have you previously been employed at Community First National Bank? ☐ Yes ☐ No

If yes, please provide the date: \_\_\_\_\_

Do any of your friends or relatives work here? ☐ Yes ☐ No

If yes, please provide the name(s) and relationship(s): \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your current employer? ☐ Yes ☐ No

Have you ever been discharged or requested to resign from a position? ☐ Yes ☐ No

Details: \_\_\_\_\_

## Education

School	Name & Location of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (please specify)				

## Work History

*Start with your current or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.*

Name, Address & Telephone of Employer	Employed		Pay		Reason for leaving:
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
Title:	Duties:				Supervisor:

Name, Address & Telephone of Employer	Employed		Pay		Reason for leaving:
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
Title:	Duties:				Supervisor:

Name, Address & Telephone of Employer	Employed		Pay		Reason for leaving:
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
Title:	Duties:				Supervisor:

Additional comments (explanations for gaps in employment, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## *Personal/Professional References*

*Please list three individuals (not related to you) who have known you for more than one year and whom we can use as references of your character and work-related competencies.*

Name	Address	Phone Number	Relationship

## **Applicant Affidavit, Consent & Release**

**Please read each statement carefully before signing.**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the President of the organization has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the President and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my signature consent to these statements.

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

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

*This application for employment will remain active for 90 days.*



## Applicant EEO & Affirmative Action Information

It is the policy of Community First National Bank to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

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

Position applied for: \_\_\_\_\_

Where did you hear about this job? \_\_\_\_\_

Race and ethnicity categories (you may mark one or more of the following):

- ☐ American Indian or Alaska Native—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 attachment.
- ☐ Asian—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.
- ☐ Black or African American—A person having origins in any of the black racial groups of Africa.
- ☐ Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Sex: ☐ Male ☐ Female

☐ I elect not to identify.

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





## EMPLOYEE VETS-100A INFORMATION

The information returned on this form will be used only for reporting purposes required by the Office of Federal Contractor Compliance Programs (OFCCP). You are under no obligation to respond and your response will remain confidential within the Human Resources Department. We appreciate your assistance in complying with our reporting requirements.

### Section 1: General Employee Information

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

### Section 2: Veteran Status

*Please check all that apply (see reverse for definitions)*

- ☐ Disabled veteran.
- ☐ Other protected veteran—A veteran who served on active duty in the US military during a war or in a campaign or expedition for which a campaign badge is awarded.
- ☐ Armed forces service medal veteran—A veteran who, while serving on active duty in the Armed Forces, participated in a US military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- ☐ Recently separated veteran—A veteran who separated from the Armed Forces through discharge or release from active duty within the past 36 months.
- ☐ I elect not to self-identify.
- ☐ I am not a veteran of US military ground, naval or air service.

### Section 3: Attestation

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

\* \* \*

Completion of this form is voluntary and in no way affects decisions regarding your employment.  
This form is confidential and will be maintained separately from your employee file.

## VETERAN STATUS DEFINITIONS

**Disabled veteran**—A veteran of the US 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 release from active duty because of a service-connected disability.

**Other protected veteran**—A veteran who served on active duty in the US military ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

**Armed forces service medal veteran**—A veteran who, while serving on active duty in the US military ground, naval or air service, participated in a US military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

**Recently separated veteran**—A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the US military ground, naval or air service.

### Executive Order 12985: Armed Forces Service Medals

Campaign or Expedition	Inclusive Dates
Afghanistan (Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF))	OEF September 11, 2001, to present; OIF March 19, 2003, to present
Army Occupation of Berlin	May 9, 1945 to October 2, 1990
Bosnia (Operations Joint Endeavor, Joint Guard, and Joint Forge)	November 20, 1995 to December 20, 1996; December 20, 1996 to June 20, 1998; June 21, 1998 to present
Cambodia	March 29, 1973, to August 15, 1973
Cambodia Evacuation (Operation Eagle Pull)	April 11 - 13, 1975
El Salvador	January 1, 1981, to February 1, 1992
Global War on Terrorism	September 11, 2001 to present
Grenada (Operation Urgent Fury)	October 23, 1983, to November 21, 1983
Haiti (Operation Uphold Democracy)	September 16, 1994, to March 31, 1995
Indian Ocean/Iran	November 21, 1979, to October 20, 1981
Iranian/Yemen/Indian Ocean	December 8, 1978 to June 6, 1979
Iraq (Operations Northern Watch, Desert Spring, Enduring Freedom (OEF), and Iraqi Freedom (OIF))	January 1, 1997 to present; December 31, 1998 to December 31, 2002 (projected); OEF September 11, 2001, to present; OIF March 19, 2003, to present
Korea	October 1, 1966, to June 30, 1974
Korea Defense Service Medal	July 28, 1954 to (date to be determined)
Kosovo	March 24, 1999 to present
Kosovo Campaign Medal (KCM) Operation Allied Force	March 24, 1999 to June 10, 1999
Kosovo Campaign Medal (KCM) Operation Allied Harbor	April 4, 1999 to September 1, 1999
Kosovo Campaign Medal (KCM) Operation Joint Guardian	June 11, 1999 to (date to be determined)
Kosovo Campaign Medal (KCM) Operation Noble Anvil	March 24, 1999 to July 20, 1999
Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	April 4, 1999 to July 10, 1999
Kosovo Campaign Medal (KCM) Task Force Falcon	June 11, 1999 to (date to be determined)
Kosovo Campaign Medal (KCM) Task Force Hawk	April 5, 1999 to June 24, 1999
Kosovo Campaign Medal (KCM) Task Force Hunter	April 1, 1999 to November 1, 1999
Kosovo Campaign Medal (KCM) Task Force Saber	March 31, 1999 to July 8, 1999
Lebanon	June 1, 1983, to December 1, 1987 and August 20, 1982 to May 31, 1983
Liberia (Operation Sharp Edge)	August 5, 1990 to February 21, 1991
Libyan Area	January 20, 1986 to June 27, 1986
Mayaguez Operation	May 15, 1975 to May 15, 1975
Operations in the Libyan Area (Operation Eldorado Canyon)	April 12, 1986 to April 17, 1986
Panama	April 1, 1980 to December 19, 1986 and February 1, 1990 to June 13, 1990
Panama (Operation Just Cause)	December 20, 1989, to January 31, 1990
Persian Gulf	February 1, 1987 to July 23, 1987
Persian Gulf Intercept Operation	December 1, 1995, to present
Persian Gulf Operation (Operation Desert Fox)	December 16, 1998 to December 22, 1998
Persian Gulf Operation (Operation Desert Thunder)	November 11, 1998 to December 22, 1998
Persian Gulf Operation (Operation Southern Watch)	December 1, 1995, to present
Persian Gulf Operation (Operation Vigilant Sentinel)	December 1, 1995 to February 1, 1997
Persian Gulf Operation (Operation Earnest Will)	July 24, 1987, to August 1, 1990
Rwanda (Operation Distant Runner)	April 7 - 18, 1994
Somalia (Operations Restore Hope and United Shield)	December 5, 1992, to March 31, 1995
Southwest Asia Service Medal (SWASM) (Operations Desert Shield and Desert Storm)	August 2, 1990 to November 30, 1995
Vietnam Evacuation (Operation Frequent Wind)	April 29, 1975, to April 30, 1975
Vietnam Service Medal (VSM)	July 4, 1965 to March 28, 1973



## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/202  
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### 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.<sup>1</sup> 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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 1/31/2020  
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### 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.

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<sup>i</sup> 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](http://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.