



Application for Employment

INSTRUCTIONS: We appreciate your interest in our organization. We consider applicants for all positions without regard to race, color, age, religion, sex, disability, familial status, ancestry, national origin, and U.S. military service.

Position(s) applied for: _____ Date of Application: _____

How did you learn about us?

☐ Advertisement ☐ Employment Agency ☐ Walk-in ☐ Other: _____

Name (Last, Middle, First) _____

Street Address _____

City _____

State _____

Zip _____

Phone Number _____

Email Address _____

Are there any other name(s) under which you have been previously employed or under which school records would be located? _____

Names of friends and relatives employed in this organization. _____

If you are under 18 years of age, can you furnish a work permit? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

Are you a citizen of the U.S or do you have a valid work permit? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment)

Can you work overtime, if required? ☐ Yes ☐ No

Can you work consistently and arrive to work on time? ☐ Yes ☐ No

On what date would you be available to work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Can you travel if the job requires it? ☐ Yes ☐ No

If yes, are there limitations? Explain. _____

Have you been convicted of a crime? (Conviction will not necessarily disqualify an applicant from employment.) ☐ Yes ☐ No

If yes, please list dates of offenses and dispositions. _____

Have you ever received any training in the U.S. military related to the job for which you are applying?

If yes, please describe: _____

Employment Experience Start with your present or last job. Include any job -related military assignments and volunteer activities. You may exclude voluntary work that indicates race, color, religion, gender, national origin, handicap or other protected status. **Please account for all time for at least the past five years.**

Employer	Dates Employed	Work performed
Address	From:	
	To:	
Telephone Number(s)		
Supervisor		
Job Title		
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed	Work performed
Address	From:	
	To:	
Telephone Number(s)		
Supervisor		
Job Title		
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed	Worked Performed
Address	From:	
	To:	
Telephone Number(s)		
Supervisor		
Job Title		
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you need additional space, please continue on a separate sheet of paper.

Education

	Elementary School	High School	Undergraduate College/University	Graduate Professional
School Name & Location				
Years Completed				
Diploma/Degree				
Describe Course of Study				

Additional Information Please complete the items below that are relevant to your ability to perform the position for which you are applying.

Describe any specialized training, apprenticeship, and skills	
Describe any honors you have achieved	
State any additional information you feel may be helpful to us in considering your application	

Extracurricular Activities List professional, trade, business or civic activities and offices or licenses held if relevant to the position for which you are applying. You may exclude member ships that would reveal sex, race, religion, age, ancestry, handicap or other protected status.

References Give name, address and telephone number of three professional references who are qualified to evaluate your capabilities and who are not related to you.

1.
2.
3.

[illegible]

I understand this employment application is not to be construed as a guarantee of employment. I further understand that, should I become employed, my employment with the organization does not constitute any form of contract, implied or expressed, and such employment may be terminated at will either by myself or my employer upon notice of one party to the other.

As a part of the process of considering applicants for employment, CommunityBanc, Inc., may procure a credit report for consideration as part of the employment related decision-making process. Any information so obtained will be used exclusively for employment related decisions and will be confidential.

If an adverse employment decision is made due wholly or in part to the information on the credit report, CommunityBanc, Inc. will advise the applicant/ employee of that decision and again advise the applicant/ employee of the source of the credit report.

Authorization

Date

CommunityBanc, Inc.

Notification and Authorization for Obtaining a Credit Report for Employment Related Purposes

Notification

As a part of the process of considering applicants for employment, and current employees for continued employment and/or promotion, CommunityBanc, Inc., may procure a credit report for consideration as part of the employment related decision-making process. Any information so obtained will be used exclusively for employment related decisions and will be confidential.

If a credit report is obtained, the applicant/ employee will be provided with a copy of the report, a summary of the applicant's/employee's rights under the Fair Credit Reporting Act, and the source of the credit report.

If an adverse employment decision is made do wholly or in part to the information on the credit report, CommunityBanc, Inc. will advise the applicant/employee of that decision and again advise the applicant/ employee of the source of the credit report.

Authorization

I hereby authorize CommunityBanc, Inc. to obtain a credit report on myself through the credit reporting agency of its choice. If employed, I further authorize CommunityBanc, Inc. to obtain credit reports, as needed, on a continuing basis as it relates to my employment during the time that I am an employee of CommunityBanc, Inc.

Name (Print) _____
First Middle Initial Last

Social Security Number _____

Address: _____

Signature _____

Date _____

(Return signed copy to Human Resources)

CommunityBanc, Inc.

Notification and Authorization for Obtaining a Credit Report for Employment Related Purposes

Notification

As a part of the process of considering applicants for employment, and current employees for continued employment and/or promotion, CommunityBanc, Inc., may procure a credit report for consideration as part of the employment related decision-making process. Any information so obtained will be used exclusively for employment related decisions and will be confidential.

If a credit report is obtained, the applicant/employee will be provided with a copy of the report, a summary of the applicant's/employee's rights under the Fair Credit Reporting Act, and the source of the credit report.

If an adverse employment decision is made do wholly or in part to the information on the credit report, CommunityBanc, Inc. will advise the applicant/employee of that decision and again advise the applicant/employee of the source of the credit report.

Authorization

I hereby authorize CommunityBanc, Inc. to obtain a credit report on myself through the credit reporting agency of its choice. If employed, I further authorize CommunityBanc, Inc. to obtain credit reports, as needed, on a continuing basis as it relates to my employment during the time that I am an employee of CommunityBanc, Inc.

Name (Print) _____
First Middle Initial Last

Social Security Number _____

Address: _____

Signature _____

Date _____

(Applicant's copy)

This page was left blank intentionally.

The following pages are being requested in accordance with applicable equal employment opportunity/affirmative action record keeping and reporting requirements. Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment. These information forms will be kept in a confidential file and will only be used for government reporting purposes. Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, veteran status, and any other status protected by law.

CommunityBanc, Inc:

Equal Employment Opportunity / Affirmative Action Self-Identification Form

Name: _____ Date: _____

Position Applied For: _____

Instructions: Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race color religion, sex or national origin.

CommunityBanc, Inc. is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require CommunityBanc, Inc. to invite employees to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your gender and race/ethnicity at this time, the federal government require this employer to determine this information by visual survey and/or other available information.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your gender? (Please check one of the options below)

- ☐ **Male**
- ☐ **Female**

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

What is your race/ethnicity? Please mark **one box** that describes the race/ethnicity category with which you primarily identify.

- ☐ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American:** a person having origins in any of the black racial groups of Africa.
- ☐ **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.

- ☐ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **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.
- ☐ **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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.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
- 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

Reasonable Accommodation Notice

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

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.

¹ 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.

CommunityBanc, Inc:

Affirmative Action for Protected Veterans Pre-Offer Voluntary Invitation to Self-Identify

Name: _____ Date: _____

Position Applied For: _____

Explanation of this Form: CommunityBanc, Inc. 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: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. Definitions of these classifications are included at the end of this form.

Submission of this Information is Voluntary: Refusal to provide this form will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

Confidentiality: 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.

Self-Identification: 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.

<input type="checkbox"/>	I am not a protected veteran
<input type="checkbox"/>	I identify as one or more of the classifications of protected veteran listed above

Affirmative Action Policy: It is the policy of CommunityBanc, Inc. to provide equal employment and advancement opportunities to all qualified individuals. CommunityBanc, Inc. is dedicated to taking affirmative action to employ and advance in employment, qualified disabled persons and qualified protected veterans. Personnel actions, including recruitment, hiring, training, and promoting persons in all job titles, will be administered without regard to disability or veteran status, and all employment decisions are based solely on valid job requirements.

Veterans with a Disability: If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Reemployment Rights: Protected veterans may have additional rights under USERRA- the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1- 866- 4- USA- DOL.

Definitions: The following are definitions of the protected veterans who are covered by the affirmative action requirement:

(1) 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.

- (2) 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.
- (3) 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.
- (4) 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.