FIFTH DISTRICT SAVINGS BANK

EMPLOYMENT APPLICATION

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, religion, sex (including pregnancy, sexual orientation and gender identity), disability, age, sickle cell trait, national origin, natural, protective, or cultural hairstyle, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Application Information

Full name: _____ Date: _____
Last *First* *M.I.*

Address: _____ Phone: _____
Street address *Apt/Unit #*

_____ Email: _____
City *State* *Zip Code*

Date available for work: _____ Referral Source: _____

Position applied for: _____

Are you a citizen of the United States?	Yes ☐	No ☐		
If no, are you authorized to work in the U.S.?	Yes ☐	No ☐		
Have you ever submitted an application here before?	Yes ☐	No ☐	If yes, when?	
Will you travel if job requires it?	Yes ☐	No ☐	If no, explain:	
Are you able to meet the attendance requirements of the position?	Yes ☐	No ☐	If no, explain:	
Will you work overtime if required?	Yes ☐	No ☐	If no, explain:	
What is your desired salary or hourly rate of pay?	$		Hourly ☐ Salary ☐	

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 the 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 ☐

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?

If yes, please explain: _____

_____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Compensation: $_____ Hourly ☐ Salary ☐ Bonus/Other: _____ Per: _____

Responsibilities: _____

Why did you leave? _____

What did you like most about your position? _____

What did you like least about your position? _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Compensation: $_____ Hourly ☐ Salary ☐ Bonus/Other: _____ Per: _____

Responsibilities: _____

Why did you leave? _____

What did you like most about your position? _____

What did you like least about your position? _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Compensation: $_____ Hourly ☐ Salary ☐ Bonus/Other: _____ Per: _____

Responsibilities: _____

Why did you leave? _____

What did you like most about your position? _____

What did you like least about your position? _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Compensation: $_____ Hourly ☐ Salary ☐ Bonus/Other: _____ Per: _____

Responsibilities: _____

Why did you leave? _____

What did you like most about your position? _____

What did you like least about your position? _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Employment History (continued)

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

_____
_____
_____

If not addressed previously, 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, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

_____
_____
_____

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

☐ Word Processing _____ Level: _____ ☐ Internet _____ Level: _____
☐ Spreadsheet _____ Level: _____ ☐ Other _____ Level: _____
☐ Presentation _____ Level: _____ ☐ Other _____ Level: _____
☐ Email _____ Level: _____ ☐ Other _____ Level: _____

Education

High school:				Address:			
From:		To:		Did you graduate?	Yes ☐ No ☐	Diploma:	
College:				Address:			
From:		To:		Did you graduate?	Yes ☐ No ☐	Degree:	
Other:				Address:			
From:		To:		Did you graduate?	Yes ☐ No ☐	Degree:	

References

Please list three professional references.

Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	
Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	
Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	

Related Information

When answering these questions, please exclude any information that would reveal race, color, religion, sex (including pregnancy, sexual orientation and gender identity), disability, age, sickle cell trait, national origin, natural, protective, or cultural hairstyle, genetic information, or other similarly protected status.

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

_____
_____
_____

List special accomplishments, publications, awards, etc.

_____
_____
_____

List any relevant volunteer work.

_____
_____
_____

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

_____
_____
_____
_

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreement contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, religion, sex (including pregnancy, sexual orientation and gender identity), disability, age, sickle cell trait, national origin, natural, protective, or cultural hairstyle, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature: _____ Date: _____

Completion of this form is strictly voluntary and is confidential.

Fifth District Savings Bank provides equal employment opportunity to all qualified applicants and employees by prohibiting discrimination against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, marital status, national origin, age, veteran status or disability.

This information will be used solely to assist us in complying with Federal and State Equal Employment Opportunity and Affirmative Action record keeping requirements. Refusal to provide this information will not adversely affect you.

PLEASE NOTE: This form is **NOT** a part of your official application for employment. This information will be recorded and maintained in a confidential file, separate from all other records.

Name	SSN/Employee ID:	Position	Date

Specific ethnicity, gender, disability and veteran status information is required to meet legal obligations as a federal contractor. Please check the appropriate category in which you most closely identify with by placing an "X" in the corresponding box.

NON-HISPANIC	
☐ **WHITE** (not Hispanic or Latino)	Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
☐ **BLACK OR AFRICAN–AMERICAN** (not Hispanic or Latino)	Persons having origins in any of the black racial groups of Africa.
☐ **ASIAN** (not Hispanic or Latino)	
Chinese/Chinese-American: Persons having origins in any of the original peoples of China. Japanese/Japanese-American: Persons having origins in any of the original peoples of Japan. Filipino/Pilipino: Persons having origins in any of the original peoples of the Philippine Islands. Pakistani/East Indian: Persons having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan). Other Asian: Persons having origins in any of the original peoples of the Far East (including Korea, Malaysia, Cambodia, Thailand and Vietnam), and Southeast Asia.	
☐ **AMERICAN INDIAN** or **ALASKAN NATIVE** (not Hispanic or Latino)	Persons having origins in any of the original peoples of North and South America, (including Central American) and who maintains tribal affiliation or community attachment.
☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** (Not Hispanic or Latino)	Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
☐ **TWO OR MORE RACES/ETHNICITIES** (Not Hispanic or Latino)	Persons who identify with more than one of the above races/ethnicities.
HISPANIC or LATINO	
☐ **HISPANIC or LATINO (including Black individuals whose origins are Hispanic)**	
Mexican/Mexican-American/Chicano: Persons of Mexican culture or origin, regardless of race. Latin-American/Latino: Persons of Latin American (e.g., Central American, South American, Cuban, Puerto Rican) culture or origin, regardless of race. Other Spanish/Spanish-American listed above: Persons of Spanish culture or origin, not included in any of the Hispanic categories listed above	
GENDER	
☐ Male ☐ Female	
CHOOSE TO NOT SELF-IDENTIFY	
☐ I choose not to self-identify.	

- OVER -

This employer 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. These classifications are defined as follows:

Disabled Veteran	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.
Recently Separated Veteran	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.
Active Duty Wartime or Campaign Badge Veteran	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.
Armed Forces Service Medal Veteran	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.

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. **If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.**

	I identify as one or more of the classification of protected veteran listed above
	I am not a protected veteran
	I choose not to self-identify my protected veteran status

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.

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.

_____ _____

Name (Print and Signature) Date

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 07/31/2029

Name: Date:
Employee ID:
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want 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: