



APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____

Address _____
Street City State Zip

Telephone number _____ E-mail Address _____

Are you over the age of 18? [] Yes [] No Are you authorized to work in the U.S.? [] Yes [] No

How did you learn of this opening? _____

Have you worked here before? [] Yes [] No

Shift preferred _____ Part-Time _____ Full-Time _____

Are you willing to work overtime as required? [] Yes [] No

Have you ever been convicted of a felony that included dishonesty, fraud or theft? [] Yes [] No

EDUCATION

Name of School _____ Did you Graduate from High School [] Yes [] No

City: _____ State: _____

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	DIPLOMA/ DEGREE	DIPLOMA/ DEGREE
College/University				
College/University				

Other Training/Education.

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company? _____

POSITIONS APPLIED FOR 1. _____ 2. _____

Wage or salary desired? \$ _____ When can you start? _____

WORK HISTORYMay we contact your present employer? Yes No

Most Recent Employer:		Address:	Telephone:
Date Started:	Starting Salary: \$	Per	Starting Position:
Date Left:	Leaving Salary: \$	Per	Position on Leaving:
Name & Title of Supervisor:			
Description of Duties:		Reason for Leaving:	

Previous Employer:		Address:	Telephone:
Date Started:	Starting Salary: \$	Per	Starting Position:
Date Left:	Leaving Salary: \$	Per	Position on Leaving:
Name & Title of Supervisor:			
Description of Duties:		Reason for Leaving:	

Previous Employer:		Address:	Telephone:
Date Started:	Starting Salary: \$	Per	Starting Position:
Date Left:	Leaving Salary: \$	Per	Position on Leaving:
Name & Title of Supervisor:			
Description of Duties:		Reason for Leaving:	

Previous Employer:		Address:	Telephone:
Date Started:	Starting Salary: \$	Per	Starting Position:
Date Left:	Leaving Salary: \$	Per	Position on Leaving:
Name & Title of Supervisor:			
Description of Duties:		Reason for Leaving:	

APPLICANT'S CERTIFICATION AND AGREEMENT
APPLICANT'S CERTIFICATION AND RELEASE
Please Read and Sign

PLEASE READ CAREFULLY BEFORE SIGNING

EQUAL EMPLOYMENT OPPORTUNITY

Employer is dedicated to providing equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, ancestry national origin, citizenship status, age, pregnancy, disability, genetic information or condition, sexual orientation, gender identity or expression, military status or status as a veteran, in accordance with applicable laws. In addition, Employer complies with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, benefits and training.

TRUTH

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that Employer is relying on my complete honesty. I understand that any inaccuracy, misrepresentation, or incomplete answer provided by me in this application will cancel the application or may result in termination if I have been employed.

INVESTIGATION

I understand that, as a condition of employment, Employer must conduct and receive favorable results of a thorough pre-employment investigation, and periodic investigations throughout employment. These investigations include, but may not be limited to, current employer reference checks, former employer reference checks, personal reference checks, criminal record checks, drug testing, education records, credit bureau reports, financial institution account verification checks, investigation and review of all internet and web postings and comments made by me, physical examinations, and a review of my driving record if I am applying for a position that involves driving.

I authorize Employer to conduct these investigations to obtain any requested information, and to update this information, and to investigate all statements made by me in this application. I direct current and former employers, all references, individuals, organizations, and all applicable government agencies to respond to questions concerning my application for employment. I understand that the information released or provided is for business use by Employer and may be disclosed to third parties as necessary in the conduct of its business. If I am hired, I authorize Employer to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal and proper interest. I release Employer, these parties and any individual, including record custodians, from any and all liability for any damage that may result from furnishing the requested information or any of my personal records.

I am not subject to a covenant-not-to-compete agreement, or any other work restricting agreement. I agree to indemnify and hold Employer harmless for any damages and legal expenses in the event that this representation and warranty is or becomes false. I agree not to use any confidential or proprietary information from prior employment in my employment with Employer and agree not to disclose any information I am contractually or otherwise legally bound to keep confidential.

EMPLOYMENT AT WILL

I understand that if I am employed by Employer, I will be an **employee at will**. My employment can be terminated at any time by me or Employer, with or without notice, and with or without reason, in accordance with the laws of the State of Ohio. The terms and conditions of my employment, my compensation, and my benefits may be changed at any time by Employer. Any oral statements or promises to the contrary are not binding on Employer. If hired, I will comply with all rules and regulations of Employer.

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

Applicant's Signature _____ Date _____

Left Blank Intentionally

VOLUNTARY GENDER, ETHNICITY AND RACE SELF-IDENTIFICATION

First Citizens National Bank is subject to certain U.S. government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees and applicants to voluntarily self-identify their gender and their race or 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 law, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. If you choose not to self-identify your race/ethnicity at this time, the federal government requires the employer to determine this information by visual survey and/or other available information.

SECTION 1: Gender

	Female
	Male

SECTION 2: Ethnicity

	Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race). If you checked this box, skip SECTION 3 and complete SECTION 4.
	Not Hispanic or Latino (A person not of Mexican, Puerto Rican, Cuban, Central or South American or Spanish cultures). If you checked this box, proceed to SECTION 3.

SECTION 3: Race

	A. White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	B. Black or African American	A person having origins in any of the black racial groups of Africa.
	C. Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	D. 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.
	E. American Indian or Alaskan Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	F. Two or More Races (Not Hispanic or Latino) If you checked this box, please specify the letter of the racial group with which you most closely identify: _____	All persons who identify with more than one of the races listed in A through E above.

SECTION 4:

Name _____

Position Title _____

Signature _____

Date _____

Note: If you submit this application electronically, your submission will be considered to represent your signature. You may be asked to provide an original signature at the time of interview or hire.

INVITATION TO SELF-IDENTIFY (VEVRAA)

1. 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:

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.

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.

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.

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.

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.

2. As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. Submission of this information is voluntary and refusal to provide it 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.

I identify as one or more of the classifications of protected veterans listed above.

My date of discharge was: _____

I am NOT a protected veteran.

I prefer not to answer.

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.

3. 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.

4. The Bank has posted its policy concerning non-discrimination and affirmative action on employee bulletin boards and otherwise communicates this policy to applicants and employees. We have a written Affirmative Action Program ("AAP") for Protected Veterans and Individuals with Disabilities which is available for inspection, absent data metrics, in the Human Resources Office, Monday through Friday, 9:00 A.M.--3 P.M. Among other things, the AAP promises that we have reviewed our personnel processes to ensure that we give careful consideration to the qualification of individuals with known disabilities for all job vacancies for which they apply as well as for training. The AAP provides for regular review of the physical and mental requirements of our jobs to ensure that they are job related and consistent with business necessity. We will also make reasonable accommodations to the known physical and mental limitations of an otherwise qualified individual with a disability unless the accommodation imposes an undue hardship on the conduct of our business.

Name _____

Signature _____

Date _____

Voluntary Self-Identification of Disability

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

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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.

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.