

APPLICATION FOR EMPLOYMENT

First Columbia Bank & Trust Co. is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, or protected veteran status and will not be discriminated against on the basis of disability. First Columbia Bank conducts full background checks and drug screenings for all new hires.

The Bank's acceptance of this application does not constitute an offer of employment. It indicates that the applicant will be given consideration should a suitable position become available. This application must be completed in its entirety and signed on the last page.

Name: _____ Date: _____

Previous Last Name: _____ Email: _____

Address: _____

City/State/Zip: _____

Telephone: (Day) _____ (Evening) _____

Position(s) applied for: _____

How did you learn of this position? _____

Job status desired: Full time Part time Temporary

If offered a position, when will you be able to start? _____

Are you legally eligible for employment in the USA? Yes No
If hired, you are required to submit proof of eligibility to work in the USA.

Are you age eighteen or over? Yes No
If no, will your employment be part of a school work/study program? Yes No

Have you ever filed an application with us before? Yes No
If yes, when? _____ What position? _____

Were you previously employed by us? Yes No If yes, when? _____

Do you have any relatives employed by First Columbia Bank? Yes No
If yes, state name and relationship: _____

Are you currently on lay-off status and subject to recall? Yes No

Are you currently employed? Yes No Are you currently attending school? Yes No

All job offers are contingent upon results of criminal record check and drug screening.

EMPLOYMENT HISTORY

List present and past employment beginning with most recent.
This page must be completed even if you will be enclosing a resume.

Employment Dates (Month/Year)	From:	To:	Job Title	
Company Name			Job Duties	
Street Address				
City	State	Zip		
Telephone ()	Supervisor's Name		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Final Hourly Rate or Annual Salary:
Reason for Leaving				

May we contact your current employer for a confidential reference at this time? Yes No

Employment Dates (Month/Year)	From:	To:	Job Title	
Company Name			Job Duties	
Street Address				
City	State	Zip		
Telephone ()	Supervisor's Name		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Final Hourly Rate or Annual Salary:
Reason for Leaving				

Employment Dates (Month/Year)	From:	To:	Job Title	
Company Name			Job Duties	
Street Address				
City	State	Zip		
Telephone ()	Supervisor's Name		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Final Hourly Rate or Annual Salary:
Reason for Leaving				

Employment Dates (Month/Year)	From:	To:	Job Title	
Company Name			Job Duties	
Street Address				
City	State	Zip		
Telephone ()	Supervisor's Name		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Final Hourly Rate or Annual Salary:
Reason for Leaving				

EDUCATION

Circle highest grade completed in each category		High School				College					Other			
		1	2	3	4	1	2	3	4	5	1	2	3	4
High School	School Name and Address	Course of study				Did you graduate?					Degree	GPA		
						<input type="checkbox"/> Yes <input type="checkbox"/> No								
College						<input type="checkbox"/> Yes <input type="checkbox"/> No								
						<input type="checkbox"/> Yes <input type="checkbox"/> No								
Other (Specify)						<input type="checkbox"/> Yes <input type="checkbox"/> No								

List computer skills _____

Are there any other job-related experiences, skills, or qualifications that will be of special benefit in the job for which you are applying?

REFERENCES – Please provide at least 3 professional references (not relatives or friends).

Name	Occupation	Years Known	Relationship	Phone Number

**DISCLOSURE TO OBTAIN
A PRE-EMPLOYMENT CONSUMER CREDIT REPORT
UNDER SECTION 604(b)(2) OF THE
FAIR CREDIT REPORTING ACT OF 1996.**

This is to advise you that a pre-employment consumer credit report on you will be obtained and used in connection with the employment application process with First Columbia Bank & Trust Co.

Your signature on the separate “Authorization to Obtain a Pre-Employment Consumer Credit Report” is required first.

First Columbia Bank & Trust Co. will not use any information obtained from the pre-employment credit report in violation of any applicable federal or state equal employment opportunity law or regulation.

**AUTHORIZATION TO OBTAIN
A PRE-EMPLOYMENT CONSUMER CREDIT REPORT**

I understand that a pre-employment consumer credit report may be obtained and used in connection with the employment application process with First Columbia Bank & Trust Co.

I authorize and instruct any person within the Human Resources Department to obtain a pre-employment consumer credit report.

I understand that if employment is denied due to information obtained in the consumer credit report, I will be provided a copy of the report along with a description in writing of my rights as a consumer under the Fair Credit Reporting Act as prescribed by the Federal Trade Commission.

I hereby acknowledge that I have read and understand the above information.

Date

Signature

Social Security #

Printed Name

First Columbia Bank & Trust Co. will not use any information obtained from the pre-employment credit report in violation of any applicable federal or state equal employment opportunity law or regulation.

PLEASE READ CAREFULLY AND SIGN BELOW

In the event of my employment by First Columbia Bank & Trust Co., I will comply with all rules and regulations of the Bank. I understand that my employment will not be subject to the terms of an employment contract, written or oral, expressed or implied, and that either I or the Bank may sever my employment at any time for any reason.

I certify that all the statements I have made on this application are true and complete to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I acknowledge that misrepresentation of facts or failure to fully respond to all questions may be cause for discharge if I am employed by the Bank.

I authorize investigation of all statements contained in this application in considering my application for employment. I understand that information about my past performance in school and employment situations will be requested of my former schools and employers. Employers, schools, and other persons named in the application are authorized to provide information or transcripts regarding me, and I hereby release them from all liability for issuing such information to First Columbia Bank & Trust Co. I also release First Columbia Bank & Trust Co. from all liability for using such information.

I hereby acknowledge that I have read and understand the above statements.

Signature: _____

Date: _____

Affirmative Action Plan * Voluntary Self-Identification Form

Name: _____

Date: _____

Position applied for: _____

How did you learn of this vacancy? _____

SECTION 1. GENDER AND RACE: First Columbia Bank & Trust is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed, and employees are treated during employment, without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Male Female I choose not to self-identify

WHITE (not Hispanic or Latino)

BLACK or AFRICAN AMERICAN

HISPANIC or LATINO

AMERICAN INDIAN or ALASKAN NATIVE

ASIAN

NATIVE HAWAIIAN or PACIFIC ISLANDER

TWO or MORE RACES

I choose not to self-identify

SECTION 2. VETERANS: We are also subject to VEVRAA of 1974, as amended by the Jobs for Veterans Act of 2002, which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

1) A “disabled veteran”

2) A “recently separated veteran” (a veteran during the 36 month period following discharge or release from active duty)

3) An “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)

4) An “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).

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

I am not a protected veteran.

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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.