



**EQUAL EMPLOYMENT OPPORTUNITY (EEO)
VOLUNTARY SELF-IDENTIFICATION FORM**

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, gender identity, veteran status, disability, or other protected characteristic.

Exchange Bank as an employer is subject to certain governmental recordkeeping and reporting requirements for administration of civil rights laws and regulations. In order to comply with these laws, Exchange Bank invites applicants to voluntarily self-identify their gender, race or ethnicity, protected veteran and disabled status. 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 be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

THIS DETACHABLE FORM WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

Name: _____

Street Address: _____

City, State, Zip: _____

Position Applied For: _____ Date Applied: _____

Gender Identification (check one) ___Female ___Male

Race/Ethnic Identification (check one)

_____ **Hispanic or Latino**- A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish Culture or origin regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.

_____ **White (Not Hispanic or Latino)**-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)**- A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)**- A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)**-A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)**- 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.

_____ **Two or More Races (Not Hispanic or Latino)**- All persons who identify with more than one of the above five races.

_____ **Decline Self-Identification**

Veteran Status: Are you are a Disabled, Armed Force Service Medal, Recently Separated, Active (Wartime or Campaign Badge) Veteran? _____ Yes _____ No _____ I do not wish to answer.

_____ Applicant's Signature

_____ Date

Bank Use Only: Instructions: Tear this page off and forward to switchboard operator at the Main Office. Forward Employment Application to Human Resources Department.

Application for Employment



After you print this application, please sign and date in all designated areas.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify of the Human Resources Department.

Name _____
Last Name First Name Middle Name

Address _____
Street City State ZIP Code

Telephone # _____ Cellular/Other Phone # _____ E-mail Address _____

Position applied for _____ Date of application _____

Why do you want to work at The Bank?

Referral Source (Please select the appropriate category and list the source.)

- | | |
|---|--|
| <input type="radio"/> Walk-In _____ | <input type="radio"/> School _____ |
| <input type="radio"/> Employee _____ | <input type="radio"/> Job Fair _____ |
| <input type="radio"/> Advertisement _____ | <input type="radio"/> Staffing Agency _____ |
| <input type="radio"/> Company's Website _____ | <input type="radio"/> Government Employment Agency _____ |
| <input type="radio"/> Other Internet _____ | <input type="radio"/> Other _____ |

If necessary, the best time to call you is

Home Cellular/Other _____ (HH : MM AM/PM)

May we contact you at work? Yes No

If **yes**, work number and best time to call:

Work Number _____ (HH : MM AM/PM)

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain:

Have you submitted an application here before? Yes No

If **yes**, give date(s) and position(s):

Have you ever been employed here before? Yes No

If yes, give dates : _____
From To

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work _____

What is your desired salary range or hourly rate of pay?
\$ _____ per _____

Type of employment desired:
(full-time, part-time, seasonal, temporary, etc.) _____

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain

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 an 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

Driver's license number required if driving may be required in the Job for which you are applying:

_____ State _____
License number

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, please provide date(s) and details:

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?

Yes No

If yes, give date(s) and positions(s):

Employment History

Starting with your most recent employer, provide the following information.

Employer _____ Telephone # _____

Address _____
Street City State

Starting job title / Ending job title

Immediate supervisor and title (for most recent position held)

May we contact for reference?

Yes No Later

E-mail: _____

Dates employed:

_____ to _____

Compensation (starting)

\$ _____ per _____

Compensation: (final)

\$ _____ per _____

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employer _____ Telephone # _____

Address _____
Street City State

Starting job title / Ending job title

Immediate supervisor and title (for most recent position held)

May we contact for reference?

Yes No Later

E-mail: _____

Dates employed:

_____ to _____

Compensation (starting)

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Street City State

Starting job title / Ending job title

Immediate supervisor and title (for most recent position held)

May we contact for reference?

Yes No Later

E-mail: _____

Dates employed:

_____ to _____

Compensation (starting)

\$ _____ per _____

Compensation: (final)

\$ _____ per _____

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

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

If not addressed on previous pages, 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, licenses and/or certificates that may aid you in performing the position for which you are applying:

Computer skills (Check appropriate boxes. Indicate software titles and years of experience.)

Word Processing _____ Years: _____

Internet _____ Years: _____

Spreadsheet _____ Years: _____

Other _____ Years: _____

Presentation _____ Years: _____

Other _____ Years: _____

E-mail _____ Years: _____

Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information. Additionally, include the high school you attended.

School (include city and state)	Completed		Major / Minor
	Years Completed	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
		<input type="checkbox"/> Degree _____	
	GPA	<input type="checkbox"/> Certificate _____	
	Class Rank	<input type="checkbox"/> Other _____	
	Years Completed	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
		<input type="checkbox"/> Degree _____	
	GPA	<input type="checkbox"/> Certificate _____	
	Class Rank	<input type="checkbox"/> Other _____	
	Years Completed	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
		<input type="checkbox"/> Degree _____	
	GPA	<input type="checkbox"/> Certificate _____	
	Class Rank	<input type="checkbox"/> Other _____	
	Years Completed	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
		<input type="checkbox"/> Degree _____	
	GPA	<input type="checkbox"/> Certificate _____	
	Class Rank	<input type="checkbox"/> Other _____	

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known

Social Security Number

SSN _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Contacts

Do you know anyone working at any of the Bank locations?

Name	Location

Related Information

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

Exclude memberships that would reveal race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran status, sexual orientation, gender identity or any other similarly protected status.

Organization	Offices Held

List any special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran status, sexual orientation, gender identity or any other similarly protected status.

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

Notice to Applicants and Employees

Screening tests for illegal drug use may be required before hiring and during your employment here.

Statement:(Please read this statement carefully before signing application)

Nothing on this application is intended to create or imply a contractual relationship. I understand that employment with Exchange Bank is at-will, meaning that I or Exchange Bank may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Exchange Bank to conduct a thorough background investigation of my work and personal history, and to verify all data given on this application and during interviews. I hereby release Exchange Bank, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Exchange Bank performs a criminal background check on all individuals being considered for employment. I understand that the results of this report may be used in making a decision regarding my employment. I authorize Exchange Bank to perform a Criminal Background Check and hereby release Exchange Bank and its representatives or agents from liability in regard to this process.

I understand that in accordance with Exchange Bank's policy of providing and maintaining a safe and healthful working environment for all employees, that I will submit to a drug screen prior to employment and any time during my employment if requested by Exchange Bank. I hereby authorize the release of the test to management of Exchange Bank and its designated medical or professional representative. I release Exchange Bank, its employees, management and its designated medical or professional representatives from any and all claims or causes of action resulting from this test, the release of results of the test to such person, and any decisions resulting therefrom.

I understand that It is the policy of Exchange Bank to obtain a Consumer Credit Report on all job applicants who are being considered for employment and that Exchange Bank may base part of the employment decision on information obtained in this report. I further understand that If I am denied employment based on this information, Exchange Bank will furnish me with an adverse action notice, give me a Summary of Your Rights Under the Fair Credit Reporting Act and a copy of the consumer credit report that was used in making the decision. I hereby give my consent to Exchange Bank to obtain a Consumer Credit Report from a Consumer Credit Reporting Agency regarding my credit history. If I become an Employee of Exchange Bank, I also give my consent to Exchange Bank to obtain Consumer Credit Reports at any time during my employment.

The information I provided in this application for employment is true. False, incomplete information will be sufficient cause for my application to be rejected, or, if discovered after I am employed, be cause for immediate termination.

This application will expire in 60 days. Unless otherwise notified, I understand that my status as an applicant will end. I may apply for employment in the future by completing a new application.

Signature Of Applicant: _____ Date Signed: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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
- 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

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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.

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.



Credit Report Consent Form

I authorize the use of a credit (Peer) report in connection with my consideration for employment or continued employment with Exchange Bank. I understand that a Peer report does not show on my credit report as a credit inquiry.

I understand that if the Company denies employment or takes any other adverse action based on the information in any of the above reports, the Company will notify me of the following:

1. the name, address, and phone number of the credit reporting agency the provided the report;
2. a statement that the credit reporting agency did not make the adverse decision and is not able to explain why the employer made the decision;
3. a statement setting forth my right to obtain free disclosure of my file from the credit reporting agency if I request within 60 days;
4. a statement setting forth my right to dispute directly with the credit reporting agency the accuracy or completeness of any information provided.

Printed Name

Authorization Signature of Applicant

Date