



EMPLOYMENT APPLICATION

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, sex (including gender identity and sexual orientation), religion, age, national origin, genetic information, citizenship status, pregnancy and related medical conditions, physical or mental disability, or past, present, or future service in the Uniformed Services of the United States, or any other basis prohibited by local, state, or federal law. The use of this form does not mean there are positions open and does not obligate us in any way.

PERSONAL INFORMATION

Last Name		First Name		Middle Name	Date of Application
Current Address			City	State	Zip Code
Phone Number		Alternate Number		Email	
Position applied for			How did you hear about this position?		
Are 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>		
Have you ever been employed with First State Bank before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date:			If yes, what was your reason for leaving?		
Do you have any family members employed by First State Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<p>EMPLOYMENT OF RELATIVES OR PERSONS OF CLOSE PERSONAL RELATIONS</p> <p>The bank does not allow the employment of immediate family members of board of directors, officers and staff. Relatives are defined to include: spouse, child, step-child, grandchild, brother and sister (including step or half), parent or person who acted in this capacity during childhood years, present or former legal guardian, grandparent, in-laws, aunts, uncles, and the spouses of all relatives so defined, as well as more distant relatives residing in the same household.. The Board of Directors must approve exceptions to the policy.</p> <p>If yes, state employee name, relationship and employment location:</p>					
Date available for work:			What are your minimum salary requirements?		

EDUCATION

School Name City, State	Major	Enrolled	Attended	Graduated	Degree	GPA

EMPLOYMENT HISTORY

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Company	City, State	Telephone	Supervisor
Position Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Dates to	Final Salary
List the duties performed, skills used or learned, and advancements or promotions:			
Reason for leaving:			
Company	City, State	Telephone	Supervisor
Position Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Dates to	Final Salary
List the duties performed, skills used or learned, and advancements or promotions:			
Reason for leaving:			
Company	City, State	Telephone	Supervisor
Position Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Dates to	Final Salary
List the duties performed, skills used or learned, and advancements or promotions:			
Reason for leaving:			
Company	City, State	Telephone	Supervisor
Position Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Dates to	Final Salary
List the duties performed, skills used or learned, and advancements or promotions:			
Reason for leaving:			

REFERENCES

Please list name and telephone number 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 that are not related to you.

Name	Title	Relationship to Candidate	Telephone	Number of Years Known

AUTHORIZATION

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, resume 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 no-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 applicant from consideration for employment on any basis prohibitive by applicable local, state or federal law.

I understand that this application remains current for only 30 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 company reserves the 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 of 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 agreements 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. If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, it 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.

Date _____

Signature _____

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

AFFIRMATIVE ACTION SURVEY QUESTIONNAIRE

(To Be Given With Employment Application)

Voluntary Self-Identification Of Race, Gender, And Veteran Status

The information requested on this form is required by various state and federal agencies and other legal obligations associated with Executive Order 11246 and the Vietnam Era Veterans Readjustment Assistance Act of 1974(VEVRAA). As an employer, we are required to keep these records on file for a period of two years. To assist us in complying with the various requirements, we ask that you complete and return this questionnaire when you submit your application.

Submission of the requested information is completely voluntary, however, and will have no bearing on your employment opportunities at First State Bank of the Southeast. No adverse consequences will result from providing this information, or from refusing to provide it. Information provided as part of this self-identification process will be kept confidential, except that where a disability is identified, in accordance with federal law, the following personnel and officials will have access to it:

- Supervisors and other personnel who need to be informed in order to assess requests for and implement any necessary restrictions of work duties and/or necessary accommodations.
- Proper personnel, to the extent appropriate, if the disability might require emergency treatment.
- Government officials investigating compliance with the Americans with Disabilities Act or the laws administered by the Office of Federal Contract Compliance Programs.

The document will be maintained in a separate location unrelated to your application. We thank you in advance for your cooperation and response.

Voluntary Self-Identification Of Race, Gender, And Veteran Status

Name: _____ Date: _____

Position(s) applied for: _____

I IDENTIFY MYSELF AS:
(Please Check One from Each Category)

■ **Sex:**

Male

Female

■ **Race and/or National Origin:**

White *(Those individuals who originate from Europe, the Middle East, or North Africa) (Not Hispanic or Latino)*

Native Hawaiian or Pacific Islander *(Those individuals who originate from Hawaii, Guam, Samoa and other Pacific Islands) (Not Hispanic or Latino)*

Black or African American *(Those individuals who originate from any black racial groups in Africa) (Not Hispanic or Latino)*

American Indian or Alaska Native *(Include individuals having origins in any of the original peoples of North and South America –including Central America)(Not Hispanic or Latino)*

Hispanic *(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)*

Asian *(Those individuals who originate from the Far East, Southeast Asia, or the Indian Subcontinent such as Japan, Cambodia, china, India, Korea, Pakistan, Thailand, Malaysia, and Vietnam) (Not Hispanic or Latino)*

Two or More Races *(All persons who identify with more than one of the above five races)*

■ At this time, I prefer not to volunteer information about my gender or race.

■ **Protected Veteran Status:**

Protected Veteran Categories

Disabled Veteran:

(a) 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 (b) a person who was discharged or released from active duty because of a service-connected disability.)

Recently Separated Veteran:

(Veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.)

Active Duty Wartime or Campaign Badge Veteran

(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:

(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 am a Protected Veteran

(I identify as one or more of the classifications of Protected Veterans listed above.)

I am not a Protected Veteran

I Do Not Wish To Identify: