



APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

Position(s) Applied For _____ Date _____

How Did You Learn About Us?

- Advertisement Relative Inquiry
 Employment Agency Friend Other _____

PERSONAL INFORMATION

Name _____ Mobile Phone _____
Address _____
City _____ State/Zip _____
Home Phone _____ E-mail _____
May we contact you at Work? _____ Work Phone _____

GENERAL INFORMATION

Type of employment desired: Full Time Part-time Seasonal
On what date would you be available to work? _____
Do you need an accommodation to participate in the application or interview process? Yes No
Do you have any relatives employed by our company? Yes No If yes, name of relative.
Are you legally eligible for employment in the United States? Yes No

**FIRST FEDERAL BANK & TRUST IS AN EQUAL OPPORTUNITY EMPLOYER.
WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN,
MARITAL STATUS, MILITARY STATUS, OR DISABILITY.**

**AN EQUAL OPPORTUNITY EMPLOYER
M/F/Disabled/Veteran**

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	PROVIDE LAST GRADE/YEAR COMPLETED	MAJOR/DEGREE & YEAR COMPLETED
High School				
College				
College				
College				
Business or Trade School				
Business or Trade School				

ADDITIONAL INFORMATION

Skills and Qualifications. Summarize any training, skills, and areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying.

Please answer the following with Basic, Somewhat Proficient, Very Proficient

Microsoft Word _____ Microsoft Outlook _____
 Microsoft Excel _____ Internet _____
 10-Key Calculator _____ Email _____
 Cash Handling (if applying for a position that requires it) _____

Professional Licenses and/or Certifications.

If licensed, registered or certified, list:

Type: _____ State Issued: _____ Date Issued: _____ No.: _____
 Type: _____ State Issued: _____ Date Issued: _____ No.: _____

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EMPLOYMENT HISTORY

Please fill this section out completely and do not write, "see resume." Begin with your most recent employment.

<u>COMPANY</u> Name	Address

Job Description (duties, skills, equipment used) _____	

Dates of employment: Start ____/____/____ End ____/____/____ Starting Salary _____ Ending Salary _____	
Reason for leaving _____	
Person to Contact _____ Phone Number _____	

<u>COMPANY</u> Name	Address

Job Description (duties, skills, equipment used) _____	

Dates of employment: Start ____/____/____ End ____/____/____ Starting Salary _____ Ending Salary _____	
Reason for leaving _____	
Person to Contact _____ Phone Number _____	

<u>COMPANY</u> Name	Address

Job Description (duties, skills, equipment used) _____	

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<u>COMPANY</u> Name	Address

Job Description (duties, skills, equipment used) _____	

Dates of employment: Start ____/____/____ End ____/____/____ Starting Salary _____ Ending Salary _____	
Reason for leaving _____	
Person to Contact _____ Phone Number _____	

If you need additional space, please continue on a separate sheet of paper.

If you do not want us to contact any of the above listed current or former employers, please list below and state the reason you do not want each contacted.

REFERENCES

Professional References: Give up to three references who are not relatives or former employers.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with **FIRST FEDERAL BANK & TRUST** is true, complete and correct to the best of my knowledge. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from **FIRST FEDERAL BANK & TRUST** service, whenever it is discovered.

I expressly authorize **FIRST FEDERAL BANK & TRUST** and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding **FIRST FEDERAL BANK & TRUST** or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that **FIRST FEDERAL BANK & TRUST** does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

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, 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 agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that completion of this Application for Employment does not guarantee that **FIRST FEDERAL BANK & TRUST** has employed me.

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

Date: ____/____/____

Signature _____

**AN EQUAL OPPORTUNITY EMPLOYER
M/F/Disabled/Veteran**

First Federal Bank & Trust

Pre-Offer Invitation to Self-Identify (Veteran Status)

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**.

**AN EQUAL OPPORTUNITY EMPLOYER
M/F/Disabled/Veteran**

First Federal Bank & Trust

Pre-Offer Invitation to Self-Identify (Veteran Status)

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

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.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I AM A PROTECTED VETERAN, BUT I CHOOSE NOT TO SELF-IDENTIFY THE CLASSIFICATIONS TO WHICH I BELONG.

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.

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.

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.

5. It is the goal of First Federal Bank & Trust to utilize qualified covered veterans in as many levels of position classifications as practicable. As provided in United States Code 38 USC 4212, 29 U.S.C 793, and in the Code of Federal Regulations, 60-300 and 60-741, the required policies, practices, and procedures are integrated into our affirmative action program.

Signature

Date

**AN EQUAL OPPORTUNITY EMPLOYER
M/F/Disabled/Veteran**

Voluntary Self-Identification of Disability

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.

Signature

Date

Voluntary Self-Identification of Disability

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.

List accommodations

Signature

Date

First Federal Bank & Trust

PRE-EMPLOYMENT INFORMATION SELF-IDENTIFICATION FORM

Name _____ Date _____

Position Applied For _____

RACE/ETHNICITY

- Hispanic/Latino (If yes, check box and skip to Gender. If no, use categories below.)
- White
- Black or African American
- Asian
- American Indian / Alaskan Native
- Hawaiian / Pacific Islander
- Two or More Races

GENDER

- Male
- Female

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, gender, national origin, age, marital status, medical condition or disability.

Please complete this information to assist us in complying with Equal Opportunity/Affirmative Action recordkeeping and reporting requirements. Providing this information is voluntary, and refusal to provide the information will not result in any adverse treatment. This information will be kept in a separate, confidential file and will be used only for safety and government reporting purposes.

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