

Application for Employment



Position(s) Applied For: _____

How Did You Learn About Us?
 Newspaper Walk-In Radio BSC Employee Name _____
 Other _____

PERSONAL INFORMATION

Last Name		First Name		Middle Name			
Address		City		State		Zip Code	
Home Phone Number				Alternative Phone Number			

Are you at least 18 years of age or older? Yes No

Are you eligible to work in the United States? Yes No
(proof of citizenship or immigration status will be required upon employment)

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No May we contact your current employer? Yes No

Work availability: Full Time Part Time

On what date would you be available for work? _____

What are your salary requirements? \$ _____

Can you travel if a job requires it? Yes No

Can you be available to work overtime if a job requires it? Yes No

Have you ever been involuntarily terminated /asked to resign from any position of employment? Yes No

If Yes, please describe circumstances: _____

Have you been convicted of or plead guilty to a crime in the last seven (7) years? Yes No

If Yes, please explain offense: _____

Date of conviction: _____

**A conviction of a crime will not necessarily disqualify you for employment. Each instance and an explanation will be considered in relation to the position for which you are applying.*

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate sex, race, religion, national origin, age, ancestry, disability or other protected status.

Employer	From	To	Work Performed
Address			
Telephone Number(s)			
Job Title			
Supervisor			
Reason for Leaving			

Employer	From	To	Work Performed
Address			
Telephone Number(s)			
Job Title			
Supervisor			
Reason for Leaving			

Employer	From	To	Work Performed
Address			
Telephone Number(s)			
Job Title			
Supervisor			
Reason for Leaving			

Employer	From	To	Work Performed
Address			
Telephone Number(s)			
Job Title			
Supervisor			
Reason for Leaving			

EDUCATION

	High School	College/University	Graduate/Professional
School Name			
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extracurricular activities			
Describe any honors you received			
List any licenses and/or certifications held			

Other training, certifications or licenses held: _____

REFERENCES

List three persons, other than relatives or personal friends, who have knowledge of your work experience.

Name	Years Known
Company	Phone Number
Position	

Name	Years Known
Company	Phone Number
Position	

Name	Years Known
Company	Phone Number
Position	

Are you currently under any legal or contractual restrictions including, but not limited to, a non-compete agreement that would prevent you from accepting employment with Bank of St. Croix? Yes No

If Yes, please explain: _____

List professional, trade, business or civic activities and offices held. <i>(You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry or disability or other protected status).</i>

Applicant Certification and Agreement

I certify that the information provided in this application and any other resume furnished by me is true and complete. I authorize an investigation of all statements contained in my application for employment and understand that any false or misleading statements or material omissions are cause for refusal to hire or separation of employment, if employed. I hereby authorize former and present employers, except as I have otherwise indicated in writing, as well as, references, educational institutions and others to provide or verify any information they have regarding me or my employment with them to Bank of St. Croix (hereinafter called the "Bank") or its representatives and release them from any liability arising from the furnishing of any information to the Bank.

I agree and understand that except as governed by existing federal, state or local law, where applicable, my employment or an offer of employment establishes no guarantee or promise of continued employment or set hours or work or any other obligation on the part of the Bank beyond pay for actual work performed at the agreed upon rate. I further understand that the employment relationship may be terminated at any time, by myself or the Bank, at either party's option and will. I understand that no representative of the Bank, other than the CEO, has authority to make any assurances to the contrary. I further understand that any such assurance must be in writing and signed by the CEO.

If hired, I agree to acquaint myself and follow all of the policies of the Bank, as many, from time to time, may be amended. I agree to protect the confidence and privacy of any and all information, which pertains to the conduct of the Bank's business. I understand that only the CEO may amend this Agreement and that such amendment must be in writing and signed and dated by both parties.

Signature of Applicant

Date

Your UFB application will remain active for 90 days.

For office use only

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records and rental history records).

Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552. You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.**

•**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance or employment—or to take another adverse action against you—must tell you, and must give you the name, address and phone number of the agency that provided the information.

•**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

•**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

•**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

•**Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

•**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

•**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

•**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

•**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.

•**You may seek damage from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

•**Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.



Bank of St. Croix participates in E-Verify

Applicant Data Record

(This record will be maintained apart from your Application for Employment during the application process)

All qualified applicants are considered for employment, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, citizenship, disability, or veteran status. Additionally, the Company provides reasonable accommodation to qualified individuals with disabilities.

Government regulations require United Fidelity Bank to annually report upon the ethnicity, race and gender of its employees. To assist the Company to comply with these government regulations and reporting requirements, we request that you identify your ethnicity, race and gender below.

Submission of this information is voluntary. You will not be subjected to any adverse treatment if you do not provide the information requested. This data will be kept in a separate file from your Application for Employment.

(PLEASE PRINT)

Date _____

Name _____
LAST FIRST MIDDLE

Gender

- Male Female I choose not to provide gender information

Ethnicity

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

Race

- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa.
- 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, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.
- Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races (Not Hispanic or Latino)**
- I choose not to provide race or ethnicity information**

Signed _____

Applicant Survey of Veteran Status

United Fidelity Bank is a federal government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires Government contractors to take affirmative action to employ and advance in employment protected veterans identified below. We request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake.

Submission of this information is voluntary. You will not be subjected to any adverse treatment if you do not provide the information requested. This data will be kept in a separate file from your Application for Employment.

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. 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.

(PLEASE PRINT)

Date _____

Name _____
LAST FIRST MIDDLE

Veteran Category Definitions

Disabled Veteran -- (1) 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 (2) A person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran -- 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.

Armed Forces Service Medal Veteran -- Any 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.

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, under the laws administered by the Department of Defense.

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

- I identify as one or more of the classifications of protected veteran listed above
- I am not a protected veteran
- I choose not to provide this information

Signed _____



PrecisionPlanning

www.PrecisionPlanningAAP.com

317-590-4797

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

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: _____