

# Application For Employment



## An Equal Opportunity Employer

Stillman BancCorp N.A. is committed to providing equal opportunity for employment to all employees and applicants for employment, regardless of race, color, religion, gender, age, national origin, ancestry, marital status, disability, military status and any other legally protected class.

Please print all information and complete every part of this application. If there is a question or section that does not apply to you, mark "N/A". Do not leave any question unanswered. Any false, misleading or incomplete responses made knowingly on this Application For Employment may result in denial or termination of employment.

Today's Date: \_\_\_\_\_

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Int. \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Name(s) Known By: \_\_\_\_\_

Previous Address (if less than 7 years in current address): \_\_\_\_\_

Position(s) applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Full-time  Part-time  Temporary or seasonal

Which Stillman Bank office location(s) are you interested in? \_\_\_\_\_

Do you have any work schedule limitations?  Yes  No

If "yes", please describe: \_\_\_\_\_

What salary or wage rate are you seeking? \_\_\_\_\_ Date you can start? \_\_\_\_\_

How did you learn about job openings at Stillman Bank? \_\_\_\_\_

Have you applied for a job with us before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been employed by Stillman Bank?  Yes  No If yes, when? \_\_\_\_\_

Do you have any relatives employed here?  Yes  No

If "yes", please state name(s) and relationship(s): \_\_\_\_\_

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

If not at least age 18, can you provide proof of your eligibility to work?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

**>Note:** If offered employment, you will be required to provide appropriate documentation verifying your eligibility to work in the United States.

Does anything conflict with your ability to maintain regular and punctual attendance?  Yes  No

If "yes", please explain: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?  Yes  No

Have you ever been discharged or asked to resign from a job?  Yes  No

If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_

## Previous Employment

Please list all past employment, beginning with your current or most recent job. Account for any gaps in employment.

**Employer:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

**Employer:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

**Employer:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

**Employer:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

**Employer:** \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact?  Yes  No

## Education and Training

Please list all high schools, colleges, universities, business or technical schools attended and diplomas, licenses or certifications received.

	Name of School	Level Completed	Degree or Certificate	Major Courses
	City and State			
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D.	
College / University				
College / University				
College / University				
Business / Technical School				

Please list any special academic honors you have received.

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Please describe any specific experience or training that you feel would be relevant to the position you seek.

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List all professional licenses or certifications held (include state, type, date issued and license or certificate number)

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Describe any other skills or qualifications that would help you in the position applied for. This includes any computer, software, office equipment or other area of knowledge and degree of proficiency:

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## References

Please list two business references and one personal reference (not relatives) that we may contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How does this person know you? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

## Please Read Carefully Before Signing

**This Application For Employment must be signed personally prior to submission. If completing this form electronically, please print a paper copy before signing.**

By my signature below, I certify that the answers and information I have provided in this Application For Employment are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is false, inaccurate, misleading or incomplete, I may be denied employment or, if hired, I may be discharged, regardless of why, how or when discovered.

I hereby authorize Stillman BancCorp N.A. to investigate all information contained in this Application For Employment, and to obtain any information it deems necessary concerning my previous employment, character, credit history criminal history and educational background. I further authorize all persons, former employers, agencies, schools and others with information regarding my background and/or character to provide such information to Stillman BancCorp N.A. I voluntarily waive all recourse and hereby release those responding to these inquiries and all individuals connected with them, including Stillman BancCorp N.A., its directors, officers, employees and agents from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

I understand that this Application For Employment is not an employment contract, and does not represent, create or imply any type of contract or legal right. I also acknowledge that no oral representations have been made to me, and that no one within Stillman BancCorp N.A. has the authority to make oral contracts of employment.

I understand that employment at Stillman BancCorp N.A. is voluntarily entered into, and that if hired, my employment may be terminated at-will, at any time, with or without cause by either myself or Stillman BancCorp N.A.

I understand that all offers of employment issued by Stillman BancCorp N.A. are contingent upon acceptable background checks, which may include screening for substance abuse in accordance with Stillman BancCorp N.A. policies and procedures.

I hereby affirm that I have read, understand and agree to all of the conditions and statements set forth above and throughout this Application For Employment. I agree that, if hired, I will adhere to the policies, rules and regulations adopted by Stillman BancCorp N.A. and that I will preserve the confidentiality of information belonging to both the Bank and its customers.

Applicant Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

# Voluntary Self-Identification of Veterans

## Definitions

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.

## Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

\_\_\_\_\_  
Your Name / Z#

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Veterans

## Reasonable Accommodation Notice

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.

## 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](http://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: \_\_\_\_\_

**Please Read Carefully and Completely**

**Notice, Consent and Authorization to Obtain a Consumer Credit Report**

I understand that Stillman BancCorp N.A. may obtain a consumer credit report from a consumer reporting agency, for use in considering my application for employment or independent contractor assignment. A consumer credit report may contain information relating to my credit standing, credit history and credit capacity.

I also understand that if I am hired or independently contracted, Stillman BancCorp N.A. may periodically obtain future consumer credit reports throughout my employment, for any lawful employment purpose including but not limited to eligibility for job assignment, promotion or retention.

By my signature below, I voluntarily and knowingly give my consent, and authorize Stillman BancCorp N.A. to request and obtain consumer credit reports for use in considering my application for employment, and also, if I am hired, periodically thereafter throughout my employment.

I voluntarily waive all recourse and hereby release all those responding to these inquiries and all individuals connected with them, from any and all liability whatsoever that might be incurred in furnishing such information

I understand that this document does not represent, create or imply any type of employment offer, contract or guarantee.

\_\_\_\_\_  
Applicant Name (include middle initial, please print)      Social Security Number

\_\_\_\_\_  
Applicant Signature      Date Signed



**Please Read Carefully and Completely**

**Disclosure Regarding Background Investigation by a Consumer Reporting Agency**

Stillman BancCorp N.A. may request, for lawful employment purposes only, background information about you from a consumer reporting agency, in connection with your employment or application for employment (including independent contractor assignments). This background information may be obtained in the form of “consumer reports” and/or “investigative consumer reports” at any time after receipt of your authorization and consent (below). If you are hired or contracted, periodic background information may be requested and obtained throughout your employment or independent contract period.

The types of information that may be obtained in these reports include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; bankruptcy filings; educational history verifications; employment history verifications; personal and professional reference checks; professional licensing and certification checks, drug and alcohol testing results and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

You may request information about the nature and scope of any “investigative consumer report” prepared or assembled by a consumer reporting agency. Such reports may be obtained from both public and private record sources including former employers, educational institutions, government agencies and personal interviews with sources such as your neighbors, friends or associates.

**Authorization and Consent**

I have carefully read and understand the Disclosure Regarding Background Investigation by a Consumer Reporting Agency statement above. By my signature below, I voluntarily and knowingly authorize Stillman BancCorp N.A. or its authorized agents, for employment purposes only, to obtain or prepare “consumer reports” or “investigative consumer reports” as part of my employment application process, including independent contractor assignments as applicable.

I understand that if I am hired by Stillman BancCorp N.A., or if my services are contracted by Stillman BancCorp N.A., my authorization and consent here will continue to apply going forward, and Stillman BancCorp N.A. or its authorized agents may prepare and obtain periodic “consumer reports” or “investigative consumer reports” throughout my employment or contract period, for any lawful employment purpose including but not limited to eligibility for job assignment, promotion or retention.

I understand that this document does not represent, create or imply any type of employment offer, contract, or guarantee.

I voluntarily waive all recourse and hereby release all those responding to these inquiries and all individuals connected with them, from any and all liability whatsoever that might be incurred in furnishing such information.

I acknowledge that a faxed, photocopied or electronic form of this Authorization and Consent will be as valid as the original copy.

\_\_\_\_\_  
Name (including middle initial) (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

## VOLUNTARY APPLICANT DATA

Stillman BancCorp N.A. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Stillman BancCorp N.A. invites applicants to voluntarily self-identify their race/ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only 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.

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement (print) \_\_\_\_\_ Employee Referral \_\_\_\_\_ Walk-in  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Internet (specify site) \_\_\_\_\_  
Other \_\_\_\_\_

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### EEO Survey

Government agencies require periodic reports on the sex and ethnicity of applicants and employees. This data will be used for analysis and reporting only. **Choose race/ethnic group. Submission of information is voluntary.**

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race/Ethnic Group: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ White \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Asian  
\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Two or more races

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### Definitions

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

**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, Guan, 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, for example, 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 of More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.