

**APPLICATION
FOR
EMPLOYMENT**



BANK OF AKRON

Est. 1900

We Want To Be *Your* Bank

Please print – All questions must be answered

An Equal Opportunity Employer

PERSONAL INFORMATION

Name: _____
(Last) (First) (M.I.)

Address _____
(Street)

_____ (City) (State) (Zip)

How long at this address: _____

Previous Address: _____
(Street) (City, State, Zip)

Telephone: _____ Best time to reach you: _____

EMPLOYMENT INTEREST

Position(s) applied for: _____ Date of application: _____

Salary range desired: _____ Date available for work: _____

Type of position: Full time Part time Other : _____

Are you available to work the following: Overtime: Yes No Evenings: Yes No

Weekends: Yes No Holidays: Yes No

GENERAL INFORMATION

1. Are you a U.S. citizen or an alien legally authorized to work in the U. S.? Yes No

Federal law requires that you provide documents which verify your identity and your eligibility for employment in the U.S. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

2. Are you at least 18 years of age? Yes No If not, birthdate: _____

Note: We are required to obtain a work permit from all employees under age 18 before they begin work. Generally, work permits are issued at the school the minor is attending. If you are under 18 and do not currently have a work permit, please contact your school.

3. Referral source: _____

4. Have you applied to this company before? Yes No If yes, when? _____

5. Have you been employed by this company before? Yes No If yes, when? _____

6. Do you have any relatives employed by this company? Yes No If yes, please list names, relationships and positions.

7. Have you ever been discharged or suspended by an employer? Yes No If yes, describe.

EMPLOYMENT HISTORY

Starting with your most recent employment, list employment for the past 10 years including self employment, summer, part-time, and part or full-time military service. You may include any work performed on a volunteer basis. Please attach a separate sheet if necessary.

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving (or planning to leave)			

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving			

Company	From (month/year)	To (month/year)	Starting salary	End salary
Street	Job Title		Supervisor	
City, State, Zip	Telephone			
Work performed	Reason for leaving			

EDUCATION

Please check the last year of formal education completed:

9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 18+

If you did not complete high school, do you have a high school equivalency diploma (GED)?

Yes No

	Name and Location of Institution	Type of Degree or Diploma	Major course of study	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Training or Skills (Specialized courses, computers, typing, special licenses, permit or certificates) Describe the type of training, the source and the dates:

Please identify the job for which you are applying and write a paragraph as to why you are qualified. In addition, please describe what you consider as outstanding customer service.

For certain positions, driving a company vehicle is an essential function of the job. As a condition of employment will you be able to provide a current valid (unexpired) clean driver's license? Yes No

REFERENCES

List three Supervisory references you have known over three years who are not related to you. List educational or personal references only if you have not been previously employed.

Name	Company/Occupation	Years Known	Telephone Number

AUTHORIZATION AND ACKNOWLEDGEMENT

I have read and agree to the conditions stated above. I give my consent to former employer(s) and other contact persons to respond to questions pertaining to information on this application. Further, I release from liability such former employer(s) or other persons contacted by and providing information to Bank of Akron. I acknowledge that all the above statements are true. Falsification on an employment application is grounds for immediate termination.

Applicant Name: (please print) _____

Applicant Signature: _____

Date: _____



Bank of Akron 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, we invite employees to voluntarily self-identify their race and ethnicity. 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. When reported, data will not identify any specific individual.

Name: _____ Date: _____

Gender:

- Male
- Female
- I do not wish to disclose

Race:

- Hispanic or Latino
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or more races
- I do not wish to disclose

EEO Job Categories:

- Executive/Senior Level Officials and Managers
- First/Mid Level Officials and Managers
- Professionals
- Technicians
- Sales Workers
- Administrative Support Workers
- Craft Workers
- Operatives
- Laborers and Helpers
- Service Workers
- I do not wish to disclose



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Why are you being asked to complete this form?

Bank of Akron 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, we must reach out to hire, retain 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
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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.

ⁱ 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.